

ORD INFORMATION
RESOURCE CENTER, HCFA

MEDICARE / MEDICAID NURSING HOME INFORMATION

OKLAHOMA

Part 2
MCALESTER to YUKON



U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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MEDICARE/MEDICAID NURSING HOME INFORMATION

1987-1988

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Part 2

MCALESTER TO YUKON

**Otis R. Bowen, M.D.
Secretary**

U.S. Department of Health & Human Services

**William L. Roper, M.D.
Administrator
Health Care Financing Administration**

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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William L. Rogers
 William L. Rogers, M.D.
 Surgeon General



INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a “snapshot” of the conditions in the nursing home at that time. The information does not describe the home’s success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the “State Government” section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

Joan K. Leavitt, M.D.
Commissioner

Board of Health

Linda M. Johnson, M.D.
President
Ernest D. Martin, Ph.D.
Vice-President
Walter Scott Mason, III
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**OKLAHOMA STATE
DEPARTMENT OF HEALTH**

**P.O. BOX 53551
1000 N.E. TENTH
OKLAHOMA CITY, OK 73152**

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Overview of Nursing Home Licensure Program

The Nursing Home Care Act is contained in Oklahoma Statutes, Title 63, Section 1-1901 through 1-1943. The statutes mandate that the Department of Health shall establish a comprehensive system of licensure and certification for nursing homes for the purpose of protecting the health, welfare, and safety of residents and to assure the accountability for reimbursed care provided in certified or state health programs provided by or through the Department of Human Services.

The State Department of Health by statute develops rules and regulations for nursing homes with advice and comment from the Long-Term Care Advisory Board. The Board is a 19 member Board appointed by the Governor of Oklahoma. The State Board of Health has the responsibility and authority to approve and adopt the rules and regulations used by the Department.

The Statutes require each home be surveyed at least once a year and prohibit the operation of a nursing home without approval and licensure by the Department of Health.

Overview of Enforcement System

The Commissioner of Health may suspend, revoke, refuse to renew license, or restrict admissions to a facility for violation of the statutes, rules, regulations, and standards; permitting, aiding, or abetting the commission of any illegal act, or conduct or practices deemed by the Commissioner to be detrimental to the welfare of the residents of the facility. The Commissioner must use the District Attorney or the Attorney General to pursue any action through the court system.

In addition, the Department may issue a conditional license, place an employee or agent to serve as a monitor in a facility, or petition the district court for appointment of a receiver for a facility. An emergency transfer of residents from a facility may be initiated when the Commissioner of Health deems an emergency situation exists.

When inspections reveal deficiencies, the facility is required to submit a plan of correction. Follow-up visits are made to every facility where violations are cited. Verification of correction of violations is required prior to rescinding any sanctions against a nursing home.

The provisions of the Oklahoma Administrative Procedures Act apply to all rules and procedures of the Department of Health.

Resources available to consumers

- State Health Department, survey agency, licensure department.

The Oklahoma State Department of Health has the responsibility for surveying and licensing nursing homes in Oklahoma. The program function is assigned to:

Institutional Services
Oklahoma State Department of Health
P.O. Box 53551
Oklahoma City, OK 73152
(405) 271-6868

- Ombudsman Program

The Ombudsman program assists the residents in obtaining adequate and appropriate services. An Ombudsman may file complaints on behalf of a resident in a nursing home.

Office of Client Advocacy
Department of Human Services
P.O. Box 25352
Oklahoma City, OK 73125
(405) 521-3731

- Complaint Unit

The Department of Health has the responsibility of investigating complaints against nursing homes. When the results of the investigations show a violation of state licensure or federal certification statute, rule or regulation, the Department issues report of violations or deficiencies, correction order, or a warning notice to the facility. The Department may issue a report of violations or deficiencies, a correction order, or a warning notice to a facility. This function is assigned to:

Institutional Services
Oklahoma State Department of Health
P.O. Box 25352
Oklahoma City, OK 73152
(405) 271-6868

- Medicaid and Abuse of Funds' Units

The function of this unit as it relates to nursing homes is to assist in assuring accountability of funds expended through the Medicaid program. The division carries out investigations of situations involving possible fraud, abuse, or error in vendor payments. This function is assigned to:

Audit and Review Division
Department of Human Services
P.O. Box 25352
Oklahoma City, OK 73125
(405) 424-5880

Consumer Services

- Sources for obtaining nursing home survey results

Records of licensure inspections and complaint investigations are retained in the Department of Health. They are available for public inspection. Copies of information may be obtained for a minimal cost of copying. Information may be obtained from:

Institutional Services
Oklahoma State Department of Health
P.O. Box 53551
Oklahoma City, OK 73152
(405) 271-6868

- State Office on Aging

The Aging Service Division of the Department of Human Services develops and provides guidance and oversight of services which are directed toward improving the quality of life for all older Oklahomans, especially those with social and economic needs. This Division also investigates complaints against nursing homes. Information may be obtained from:

Aging Service Division
Department of Human Services
P.O. Box 53552
Oklahoma City, OK 73125
(405) 521-2327

- Other state programs related to nursing home quality of care.

The State Board of Nursing Homes has the responsibility to develop, impose and enforce standards for licensure of nursing home administrators, and to issue licenses to individuals who qualify for licensure. The Board investigates complaints against nursing home administrators who fail to comply with the licensure standards.

The Board's address is as follows:

Oklahoma State Board of Nursing Homes
3033 N. Walnut, Suite 100E
Oklahoma City, OK 73105

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers

Outside Maryland: 1-(800) 368-5779

Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

- 1) creates and supports a national network on aging;
- 2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
- 3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

- 1) quality health care to eligible beneficiaries;
- 2) awareness of the services for which beneficiaries are eligible; and
- 3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
and West Virginia

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and Guam

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
and Tennessee

Region VI/Dallas

Arkansas, Louisiana,
New Mexico, Oklahoma, and
Texas

Region VII/Denver

Colorado, Montana,
North Dakota, South Dakota,
Utah, and Wyoming

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are “pressure sore” or “decubitus.”

Catheter. See **Urinary Catheter.**

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident’s body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident’s physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE Happy Valley Nursing Home

| | | | |
|-----------------|------------|--------------------|--------------|
| Street Address: | | City and State: | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name: Self-explanatory
Street Address: Self-explanatory
City and State: Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | | |
|--|---------------------|---------------------|------|-------|--------|
| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | | FACILITY | | STATE | NATION |
| | | # | % | % | % |
| Bathing Residents requiring some or total assistance in bathing. | | 78 | 83.0 | 81.0 | 81.0 |

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.

| FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--------------------------------|--|-----|--------|-----|
| | STATE | | NATION | |
| | # | % | # | % |
| MET | 6 | 5.0 | 489 | 5.0 |

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE BLEVINS CARE CENTER INC

| | | | |
|---|-------------------------|--|---------------------------------|
| Street Address: 1220 E ELECTRIC | | City and State: MCALESTER OK 74501 | |
| Participation: MEDICAID ICF | # of Beds: 55 | Type of Ownership: PROPRIETARY | Survey Date: 07/21/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|---------------------------------|----------------------------------|
| Total Residents on Day of Survey: 54 | Medicare Residents: 0 | Medicaid Residents: 46 |
|--|---------------------------------|----------------------------------|

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 54 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 54 | 100 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 43 | 79.6 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 43 | 79.6 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 43 | 79.6 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 17 | 31.5 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 15 | 27.8 | 42.6 | 39.1 |
| Residents requiring restraints. | 15 | 27.8 | 23.6 | 31.7 |
| Confused or disoriented residents. | 52 | 96.3 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 3.7 | 4.6 | 4.7 |
| Residents receiving special skin care. | 2 | 3.7 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | NOT MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLONIAL LODGE NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 614 W HARRISON | | MCALESTER OK 74501 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 80 | PROPRIETARY | 10/19/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | | |
|--|----------------------------|----------------------------|--|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | |
| 78 | 0 | 55 | | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 75 | 96.2 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 70 | 89.7 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 64 | 82.1 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 66 | 84.6 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 56 | 71.8 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 34 | 43.6 | 35.1 | 29.3 |
| Completely bedfast residents. | 17 | 21.8 | 4.2 | 3.6 |
| Residents confined to chairs. | 34 | 43.6 | 42.6 | 39.1 |
| Residents requiring restraints. | 5 | 6.4 | 23.6 | 31.7 |
| Confused or disoriented residents. | 35 | 44.9 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 1.3 | 4.6 | 4.7 |
| Residents receiving special skin care. | 24 | 30.8 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLONIAL PARK NURSING CENTER

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1600 NORTH D STREET | | MCALESTER OK 74501 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 55 | NON-PROFIT RELIGIOUS | 09/22/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 50 | 0 | 36 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 41 | 82.0 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 45 | 90.0 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 35 | 70.0 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 37 | 74.0 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 41 | 82.0 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 14 | 28.0 | 35.1 | 29.3 |
| Completely bedfast residents. | 3 | 6.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 12 | 24.0 | 42.6 | 39.1 |
| Residents requiring restraints. | 10 | 20.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 15 | 30.0 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 4.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 3 | 6.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE HILLS NURSING CENTER

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 411 N WEST ST | | MCALESTER OK 74501 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 56 | PROPRIETARY | 03/02/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | | |
|--|----------------------------|----------------------------|--|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | |
| 45 | 0 | 21 | | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 32 | 71.1 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 34 | 75.6 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 25 | 55.6 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 25 | 55.6 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 25 | 55.6 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 22 | 48.9 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 11 | 24.4 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 10 | 22.2 | 42.6 | 39.1 |
| Residents requiring restraints. | 8 | 17.8 | 23.6 | 31.7 |
| Confused or disoriented residents. | 31 | 68.9 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 4.4 | 4.6 | 4.7 |
| Residents receiving special skin care. | 5 | 11.1 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | NOT MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MCALESTER REGIONAL HOSPITAL SNF

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1 CLARK BASS BOULEVARD | | MCALESTER OK 74501 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICARE SNF | 200 | NON-PROFIT OTHER | 03/01/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 4 | 0 | 4 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 4 | 100 | 86.8 | 81.5 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 4 | 100 | 89.7 | 83.2 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 4 | 100 | 88.4 | 73.8 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 4 | 100 | 89.7 | 77.2 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 4 | 100 | 72.0 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.0 | 4.6 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 4 | 100 | 49.9 | 37.7 |
| Completely bedfast residents. | 1 | 25.0 | 10.0 | 3.4 |
| Residents confined to chairs. | 3 | 75.0 | 47.0 | 50.8 |
| Residents requiring restraints. | 1 | 25.0 | 14.0 | 41.3 |
| Confused or disoriented residents. | 4 | 100 | 54.9 | 58.4 |
| Residents with bed sores. | 0 | 0.0 | 10.3 | 7.1 |
| Residents receiving special skin care. | 0 | 0.0 | 45.6 | 31.2 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 4.5 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 0 | 0.0 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 2 | 9.1 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 0 | 0.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 0 | 0.0 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 0 | 0.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 1 | 4.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 3 | 13.6 | 1665 | 17.6 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.5 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.1 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 15 | 68.2 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 1 | 4.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 0 | 0.0 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 1 | 4.5 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 0 | 0.0 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.1 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 1 | 4.5 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 1 | 4.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 6 | 27.3 | 4050 | 42.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MITCHELL MANOR CONV HOME

| | | | |
|-------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| HICKORY AND ELECTRIC ST | | MCALESTER OK 74501 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 100 | PROPRIETARY | 06/25/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 78 | 0 | 42 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 78 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 74 | 94.9 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 60 | 76.9 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 54 | 69.2 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 45 | 57.7 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 49 | 62.8 | 35.1 | 29.3 |
| Completely bedfast residents. | 2 | 2.6 | 4.2 | 3.6 |
| Residents confined to chairs. | 41 | 52.6 | 42.6 | 39.1 |
| Residents requiring restraints. | 1 | 1.3 | 23.6 | 31.7 |
| Confused or disoriented residents. | 28 | 35.9 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 2.6 | 4.6 | 4.7 |
| Residents receiving special skin care. | 20 | 25.6 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE REGENCY HOUSE CONVALESCENT CENTER

| | | | |
|--|-------------------------|--|---------------------------------|
| Street Address: 615 E MORRIS | | City and State: MCALESTER OK 74501 | |
| Participation: MEDICAID ICF | # of Beds: 63 | Type of Ownership: PROPRIETARY | Survey Date: 10/06/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|---------------------------------|----------------------------------|
| Total Residents on Day of Survey: 63 | Medicare Residents: 0 | Medicaid Residents: 49 |
|--|---------------------------------|----------------------------------|

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 61 | 96.8 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 45 | 71.4 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 41 | 65.1 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 56 | 88.9 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 42 | 66.7 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 26 | 41.3 | 35.1 | 29.3 |
| Completely bedfast residents. | 26 | 41.3 | 4.2 | 3.6 |
| Residents confined to chairs. | 29 | 46.0 | 42.6 | 39.1 |
| Residents requiring restraints. | 22 | 34.9 | 23.6 | 31.7 |
| Confused or disoriented residents. | 43 | 68.3 | 63.1 | 55.8 |
| Residents with bed sores. | 0 | 0.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 1 | 1.6 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEDFORD NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 616 S FRONT | | MEDFORD OK 73759 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 84 | PROPRIETARY | 04/22/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | | |
|--|----------------------------|----------------------------|--|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | |
| 62 | 0 | 42 | | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 56 | 90.3 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 38 | 61.3 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 32 | 51.6 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 34 | 54.8 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 36 | 58.1 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 8 | 12.9 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 20 | 32.3 | 35.1 | 29.3 |
| Completely bedfast residents. | 3 | 4.8 | 4.2 | 3.6 |
| Residents confined to chairs. | 14 | 22.6 | 42.6 | 39.1 |
| Residents requiring restraints. | 8 | 12.9 | 23.6 | 31.7 |
| Confused or disoriented residents. | 13 | 21.0 | 63.1 | 55.8 |
| Residents with bed sores. | 0 | 0.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 0 | 0.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARE NURSING HOME

| | | | |
|---------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 130 WEST STEVE OWENS BLVD | | MIAMI OK 74354 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 58 | PROPRIETARY | 07/28/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 54 | 0 | 34 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 46 | 85.2 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 46 | 85.2 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 46 | 85.2 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 36 | 66.7 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 39 | 72.2 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 13 | 24.1 | 35.1 | 29.3 |
| Completely bedfast residents. | 5 | 9.3 | 4.2 | 3.6 |
| Residents confined to chairs. | 23 | 42.6 | 42.6 | 39.1 |
| Residents requiring restraints. | 0 | 0.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 42 | 77.8 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 1.9 | 4.6 | 4.7 |
| Residents receiving special skin care. | 2 | 3.7 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE HOUSE NH

| | | | |
|-------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1410 E STEVE OWENS BLVD | | MIAMI OK 74354 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 100 | NON-PROFIT PRIVATE | 08/27/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 25 | 0 | 22 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 24 | 96.0 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 24 | 96.0 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 14 | 56.0 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 14 | 56.0 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 10 | 40.0 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 5 | 20.0 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 7 | 28.0 | 42.6 | 39.1 |
| Residents requiring restraints. | 4 | 16.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 11 | 44.0 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 8.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 12 | 48.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MIAMI NURSING CENTER

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1100 EAST NORTHEAST | | MIAMI OK 74354 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 82 | PROPRIETARY | 01/14/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 75 | 0 | 49 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 61 | 81.3 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 61 | 81.3 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 62 | 82.7 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 46 | 61.3 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 38 | 50.7 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 2.7 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 31 | 41.3 | 35.1 | 29.3 |
| Completely bedfast residents. | 3 | 4.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 27 | 36.0 | 42.6 | 39.1 |
| Residents requiring restraints. | 0 | 0.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 49 | 65.3 | 63.1 | 55.8 |
| Residents with bed sores. | 6 | 8.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 10 | 13.3 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLONIAL MANOR NH

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 8016 SE 15TH | | MIDWEST CITY OK 73110 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 100 | PROPRIETARY | 10/01/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 94 | 0 | 70 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 86 | 91.5 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 68 | 72.3 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 61 | 64.9 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 48 | 51.1 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 46 | 48.9 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 44 | 46.8 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 23 | 24.5 | 35.1 | 29.3 |
| Completely bedfast residents. | 4 | 4.3 | 4.2 | 3.6 |
| Residents confined to chairs. | 53 | 56.4 | 42.6 | 39.1 |
| Residents requiring restraints. | 0 | 0.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 43 | 45.7 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 2.1 | 4.6 | 4.7 |
| Residents receiving special skin care. | 2 | 2.1 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

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|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

FOUR SEASONS NRSNG CTR OF MIDWEST CITY

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 2900 PARKLAWN DR | | MIDWEST CITY OK 73110 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 112 | PROPRIETARY | 03/11/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 84 | 0 | 36 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 60 | 71.4 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 53 | 63.1 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 46 | 54.8 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 42 | 50.0 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 56 | 66.7 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 4 | 4.8 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 31 | 36.9 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 55 | 65.5 | 42.6 | 39.1 |
| Residents requiring restraints. | 21 | 25.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 57 | 67.9 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 2.4 | 4.6 | 4.7 |
| Residents receiving special skin care. | 16 | 19.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | NOT MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WOODCREST NURSING CENTER

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1401 CROSBY BLVD | | MIDWEST CITY OK 73110 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 170 | PROPRIETARY | 03/29/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 115 | 0 | 39 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 93 | 80.9 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 99 | 86.1 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 75 | 65.2 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 75 | 65.2 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 77 | 67.0 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 0.9 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 35 | 30.4 | 35.1 | 29.3 |
| Completely bedfast residents. | 3 | 2.6 | 4.2 | 3.6 |
| Residents confined to chairs. | 70 | 60.9 | 42.6 | 39.1 |
| Residents requiring restraints. | 31 | 27.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 86 | 74.8 | 63.1 | 55.8 |
| Residents with bed sores. | 13 | 11.3 | 4.6 | 4.7 |
| Residents receiving special skin care. | 34 | 29.6 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EAST MOORE NURSING CENTER

| | | | |
|---|--------------------------|--|---------------------------------|
| Street Address: 320 N EASTERN | | City and State: MOORE OK 73160 | |
| Participation: MEDICAID ICF | # of Beds: 104 | Type of Ownership: PROPRIETARY | Survey Date: 05/14/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|---------------------------------|----------------------------------|--|
| Total Residents on Day of Survey: 98 | Medicare Residents: 0 | Medicaid Residents: 27 | |
|--|---------------------------------|----------------------------------|--|

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 88 | 89.8 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 67 | 68.4 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 59 | 60.2 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 56 | 57.1 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 55 | 56.1 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 3 | 3.1 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 26 | 26.5 | 35.1 | 29.3 |
| Completely bedfast residents. | 5 | 5.1 | 4.2 | 3.6 |
| Residents confined to chairs. | 28 | 28.6 | 42.6 | 39.1 |
| Residents requiring restraints. | 32 | 32.7 | 23.6 | 31.7 |
| Confused or disoriented residents. | 55 | 56.1 | 63.1 | 55.8 |
| Residents with bed sores. | 3 | 3.1 | 4.6 | 4.7 |
| Residents receiving special skin care. | 98 | 100 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLCREST LIVING CENTER

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 2120 N BROADWAY | | MOORE OK 73160 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 154 | PROPRIETARY | 10/01/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 127 | 0 | 86 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 84 | 66.1 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 106 | 83.5 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 64 | 50.4 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 59 | 46.5 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 92 | 72.4 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 4 | 3.1 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 51 | 40.2 | 35.1 | 29.3 |
| Completely bedfast residents. | 5 | 3.9 | 4.2 | 3.6 |
| Residents confined to chairs. | 59 | 46.5 | 42.6 | 39.1 |
| Residents requiring restraints. | 28 | 22.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 72 | 56.7 | 63.1 | 55.8 |
| Residents with bed sores. | 3 | 2.4 | 4.6 | 4.7 |
| Residents receiving special skin care. | 6 | 4.7 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MOORELAND GOLDEN AGE NH

| | | | |
|---|-------------------------|---|---------------------------------|
| Street Address: 402 SE 6TH ST | | City and State: MOORELAND OK 73852 | |
| Participation: MEDICAID ICF | # of Beds: 52 | Type of Ownership: LOCAL GOVERNMENT | Survey Date: 07/22/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|---------------------------------|----------------------------------|
| Total Residents on Day of Survey: 45 | Medicare Residents: 0 | Medicaid Residents: 28 |
|--|---------------------------------|----------------------------------|

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 45 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 37 | 82.2 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 29 | 64.4 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 34 | 75.6 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 37 | 82.2 | 64.8 | 50.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 16 | 35.6 | 35.1 | 29.3 |
| Completely bedfast residents. | 2 | 4.4 | 4.2 | 3.6 |
| Residents confined to chairs. | 14 | 31.1 | 42.6 | 39.1 |
| Residents requiring restraints. | 9 | 20.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 36 | 80.0 | 63.1 | 55.8 |
| Residents with bed sores. | 3 | 6.7 | 4.6 | 4.7 |
| Residents receiving special skin care. | 4 | 8.9 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | NOT MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AUTUMN SPLENDOR HEALTH CARE

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 320 N 7TH | | MOUNTAIN VIEW OK 73062 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 32 | NON-PROFIT PRIVATE | 08/13/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 31 | 0 | 17 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 24 | 77.4 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 20 | 64.5 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 19 | 61.3 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 17 | 54.8 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 17 | 54.8 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 13 | 41.9 | 35.1 | 29.3 |
| Completely bedfast residents. | 7 | 22.6 | 4.2 | 3.6 |
| Residents confined to chairs. | 8 | 25.8 | 42.6 | 39.1 |
| Residents requiring restraints. | 13 | 41.9 | 23.6 | 31.7 |
| Confused or disoriented residents. | 22 | 71.0 | 63.1 | 55.8 |
| Residents with bed sores. | 3 | 9.7 | 4.6 | 4.7 |
| Residents receiving special skin care. | 9 | 29.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | NOT MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MULDROW NH

| | | | |
|------------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| SOUTHEAST NINTH AND IRONWOOD | | MULDROW OK 74948 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 75 | PROPRIETARY | 12/08/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 56 | 0 | 45 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 54 | 96.4 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 47 | 83.9 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 35 | 62.5 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 37 | 66.1 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 38 | 67.9 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 17 | 30.4 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 21 | 37.5 | 35.1 | 29.3 |
| Completely bedfast residents. | 1 | 1.8 | 4.2 | 3.6 |
| Residents confined to chairs. | 21 | 37.5 | 42.6 | 39.1 |
| Residents requiring restraints. | 21 | 37.5 | 23.6 | 31.7 |
| Confused or disoriented residents. | 43 | 76.8 | 63.1 | 55.8 |
| Residents with bed sores. | 3 | 5.4 | 4.6 | 4.7 |
| Residents receiving special skin care. | 22 | 39.3 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ADULT LIVING CENTER EAST

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 602 NORTH M ST | | MUSKOGEE OK 74403 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 58 | PROPRIETARY | 11/03/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 24 | 0 | 20 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 22 | 91.7 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 19 | 79.2 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 19 | 79.2 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 19 | 79.2 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 19 | 79.2 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 6 | 25.0 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 11 | 45.8 | 42.6 | 39.1 |
| Residents requiring restraints. | 6 | 25.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 19 | 79.2 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 4.2 | 4.6 | 4.7 |
| Residents receiving special skin care. | 5 | 20.8 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AZALEA PARK MANOR

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 4717 W OKMULGEE | | MUSKOGEE OK 74401 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 105 | PROPRIETARY | 04/26/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 56 | 0 | 43 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 47 | 83.9 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 44 | 78.6 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 32 | 57.1 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 48 | 85.7 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 35 | 62.5 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 3.6 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 9 | 16.1 | 35.1 | 29.3 |
| Completely bedfast residents. | 4 | 7.1 | 4.2 | 3.6 |
| Residents confined to chairs. | 27 | 48.2 | 42.6 | 39.1 |
| Residents requiring restraints. | 2 | 3.6 | 23.6 | 31.7 |
| Confused or disoriented residents. | 24 | 42.9 | 63.1 | 55.8 |
| Residents with bed sores. | 4 | 7.1 | 4.6 | 4.7 |
| Residents receiving special skin care. | 4 | 7.1 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BROADWAY MANOR NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1622 E BROADWAY | | MUSKOGEE OK 74401 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 95 | PROPRIETARY | 02/04/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 88 | 0 | 49 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 88 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 75 | 85.2 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 60 | 68.2 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 59 | 67.0 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 66 | 75.0 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 18 | 20.5 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 24 | 27.3 | 35.1 | 29.3 |
| Completely bedfast residents. | 4 | 4.5 | 4.2 | 3.6 |
| Residents confined to chairs. | 40 | 45.5 | 42.6 | 39.1 |
| Residents requiring restraints. | 1 | 1.1 | 23.6 | 31.7 |
| Confused or disoriented residents. | 69 | 78.4 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 2.3 | 4.6 | 4.7 |
| Residents receiving special skin care. | 5 | 5.7 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EASTGATE VILLAGE RETIREMENT CENTER

| | | | |
|---|------------------------------|---|-------------------------------------|
| Street Address: 3500 HASKELL BLVD | | City and State: MUSKOGEE OK 74403 | |
| Participation: MEDICAID ICF | # of Beds: 100 | Type of Ownership: NON-PROFIT PRIVATE | Survey Date: 02/23/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|-------------------------------------|--------------------------------------|
| Total Residents on Day of Survey: 91 | Medicare Residents: 0 | Medicaid Residents: 35 |
|--|-------------------------------------|--------------------------------------|

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 69 | 75.8 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 73 | 80.2 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 75 | 82.4 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 69 | 75.8 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 53 | 58.2 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 19 | 20.9 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 34 | 37.4 | 42.6 | 39.1 |
| Residents requiring restraints. | 27 | 29.7 | 23.6 | 31.7 |
| Confused or disoriented residents. | 50 | 54.9 | 63.1 | 55.8 |
| Residents with bed sores. | 4 | 4.4 | 4.6 | 4.7 |
| Residents receiving special skin care. | 17 | 18.7 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE NH

| | | | |
|---------------------------------------|--------------------------|---|---------------------------------|
| Street Address: 3317 DENVER | | City and State: MUSKOGEE OK 74401 | |
| Participation: MEDICAID ICF | # of Beds: 119 | Type of Ownership: PROPRIETARY | Survey Date: 02/02/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|---------------------------------|----------------------------------|--|
| Total Residents on Day of Survey: 89 | Medicare Residents: 0 | Medicaid Residents: 41 | |
|--|---------------------------------|----------------------------------|--|

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 50 | 56.2 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 52 | 58.4 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 47 | 52.8 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 42 | 47.2 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 42 | 47.2 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 24 | 27.0 | 35.1 | 29.3 |
| Completely bedfast residents. | 12 | 13.5 | 4.2 | 3.6 |
| Residents confined to chairs. | 27 | 30.3 | 42.6 | 39.1 |
| Residents requiring restraints. | 22 | 24.7 | 23.6 | 31.7 |
| Confused or disoriented residents. | 35 | 39.3 | 63.1 | 55.8 |
| Residents with bed sores. | 16 | 18.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 11 | 12.4 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MCINTOSH NURSING HOME

| | | | |
|---|-----------------------------|---|-------------------------------------|
| Street Address: 2100 FONDULAC | | City and State: MUSKOGEE OK 74401 | |
| Participation: MEDICAID ICF | # of Beds: 64 | Type of Ownership: PROPRIETARY | Survey Date: 03/24/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|-------------------------------------|--------------------------------------|
| Total Residents on Day of Survey: 44 | Medicare Residents: 0 | Medicaid Residents: 42 |
|--|-------------------------------------|--------------------------------------|

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 25 | 56.8 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 20 | 45.5 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 20 | 45.5 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 42 | 95.5 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 20 | 45.5 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 10 | 22.7 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 12 | 27.3 | 35.1 | 29.3 |
| Completely bedfast residents. | 3 | 6.8 | 4.2 | 3.6 |
| Residents confined to chairs. | 6 | 13.6 | 42.6 | 39.1 |
| Residents requiring restraints. | 2 | 4.5 | 23.6 | 31.7 |
| Confused or disoriented residents. | 10 | 22.7 | 63.1 | 55.8 |
| Residents with bed sores. | 3 | 6.8 | 4.6 | 4.7 |
| Residents receiving special skin care. | 12 | 27.3 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PLEASANT VAL HLTH CARE CTR

| | | | |
|---|-------------------------|---|---------------------------------|
| Street Address: 1120 ILLINOIS | | City and State: MUSKOGEE OK 74401 | |
| Participation: MEDICAID ICF | # of Beds: 71 | Type of Ownership: PROPRIETARY | Survey Date: 08/20/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | | |
|--|---------------------------------|----------------------------------|--|--|
| Total Residents on Day of Survey: 63 | Medicare Residents: 0 | Medicaid Residents: 41 | | |
|--|---------------------------------|----------------------------------|--|--|

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 60 | 95.2 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 52 | 82.5 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 54 | 85.7 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 41 | 65.1 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 37 | 58.7 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 3.2 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 11 | 17.5 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 46 | 73.0 | 42.6 | 39.1 |
| Residents requiring restraints. | 0 | 0.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 63 | 100 | 63.1 | 55.8 |
| Residents with bed sores. | 0 | 0.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 6 | 9.5 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TOWER HILL NH

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 424 TOWER HILL DR | | MUSKOGEE OK 74401 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 48 | PROPRIETARY | 01/13/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 42 | 0 | 41 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 3 | 7.1 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 39 | 92.9 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 30 | 71.4 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 30 | 71.4 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 22 | 52.4 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 6 | 14.3 | 35.1 | 29.3 |
| Completely bedfast residents. | 1 | 2.4 | 4.2 | 3.6 |
| Residents confined to chairs. | 9 | 21.4 | 42.6 | 39.1 |
| Residents requiring restraints. | 9 | 21.4 | 23.6 | 31.7 |
| Confused or disoriented residents. | 41 | 97.6 | 63.1 | 55.8 |
| Residents with bed sores. | 0 | 0.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 0 | 0.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VAN ORDEN ADULT LIVING CENTER

| | | | |
|---|-------------------------|---|---------------------------------|
| Street Address: 841 N 38TH ST | | City and State: MUSKOGEE OK 74401 | |
| Participation: MEDICAID ICF | # of Beds: 90 | Type of Ownership: PROPRIETARY | Survey Date: 11/05/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|---------------------------------|----------------------------------|
| Total Residents on Day of Survey: 65 | Medicare Residents: 0 | Medicaid Residents: 26 |
|--|---------------------------------|----------------------------------|

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 61 | 93.8 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 42 | 64.6 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 36 | 55.4 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 35 | 53.8 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 35 | 53.8 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 4 | 6.2 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 11 | 16.9 | 35.1 | 29.3 |
| Completely bedfast residents. | 1 | 1.5 | 4.2 | 3.6 |
| Residents confined to chairs. | 32 | 49.2 | 42.6 | 39.1 |
| Residents requiring restraints. | 18 | 27.7 | 23.6 | 31.7 |
| Confused or disoriented residents. | 31 | 47.7 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 1.5 | 4.6 | 4.7 |
| Residents receiving special skin care. | 3 | 4.6 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE YORK MANOR NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 500 SOUTH YORK STREET | | MUSKOGEE OK 74403 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 60 | PROPRIETARY | 05/27/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 51 | 0 | 45 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 43 | 84.3 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 45 | 88.2 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 44 | 86.3 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 44 | 86.3 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 39 | 76.5 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 2.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 23 | 45.1 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 30 | 58.8 | 42.6 | 39.1 |
| Residents requiring restraints. | 1 | 2.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 32 | 62.7 | 63.1 | 55.8 |
| Residents with bed sores. | 0 | 0.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 6 | 11.8 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MUSTANG NURSING HOME

| | | | |
|--|-------------------------|--|---------------------------------|
| Street Address: 400 NORTH CLEAR SPRINGS ROAD | | City and State: MUSTANG OK 73064 | |
| Participation: MEDICAID ICF | # of Beds: 70 | Type of Ownership: PROPRIETARY | Survey Date: 10/01/87 |

SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | | |
|---|---------------------|---------------------|------|-------|--------|
| 65 | 0 | 22 | | | |
| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | | FACILITY | | STATE | NATION |
| | | # | % | % | % |
| Bathing | | | | | |
| Residents requiring some or total assistance in bathing. | | 43 | 66.2 | 84.1 | 78.3 |
| Dressing | | | | | |
| Residents requiring some or total assistance in dressing. | | 38 | 58.5 | 81.9 | 76.7 |
| Toileting | | | | | |
| Residents requiring some or total assistance in toileting. | | 31 | 47.7 | 68.9 | 63.4 |
| Transferring | | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | | 28 | 43.1 | 70.7 | 66.0 |
| Continence | | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | | 31 | 47.7 | 64.8 | 59.1 |
| | | | | | |
| Residents on individually written bowel and bladder retraining program. | | 10 | 15.4 | 7.1 | 6.1 |
| Eating | | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | | 39 | 60.0 | 35.1 | 29.3 |
| | | | | | |
| Completely bedfast residents. | | 1 | 1.5 | 4.2 | 3.6 |
| | | | | | |
| Residents confined to chairs. | | 25 | 38.5 | 42.6 | 39.1 |
| | | | | | |
| Residents requiring restraints. | | 11 | 16.9 | 23.6 | 31.7 |
| | | | | | |
| Confused or disoriented residents. | | 50 | 76.9 | 63.1 | 55.8 |
| | | | | | |
| Residents with bed sores. | | 2 | 3.1 | 4.6 | 4.7 |
| | | | | | |
| Residents receiving special skin care. | | 0 | 0.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEWKIRK NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| BOX 427 | | NEWKIRK OK 74647 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 43 | PROPRIETARY | 01/21/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 32 | 0 | 27 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 20 | 62.5 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 21 | 65.6 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 19 | 59.4 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 18 | 56.3 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 16 | 50.0 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 12 | 37.5 | 35.1 | 29.3 |
| Completely bedfast residents. | 5 | 15.6 | 4.2 | 3.6 |
| Residents confined to chairs. | 12 | 37.5 | 42.6 | 39.1 |
| Residents requiring restraints. | 5 | 15.6 | 23.6 | 31.7 |
| Confused or disoriented residents. | 13 | 40.6 | 63.1 | 55.8 |
| Residents with bed sores. | 0 | 0.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 17 | 53.1 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CEDAR CREEK LIVING CENTER

| | | | |
|-------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 600 SOUTH WEST 24TH AVE | | NORMAN OK 73069 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 89 | NON-PROFIT RELIGIOUS | 09/16/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 87 | 0 | 38 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 71 | 81.6 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 56 | 64.4 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 45 | 51.7 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 47 | 54.0 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 43 | 49.4 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 27 | 31.0 | 35.1 | 29.3 |
| Completely bedfast residents. | 2 | 2.3 | 4.2 | 3.6 |
| Residents confined to chairs. | 43 | 49.4 | 42.6 | 39.1 |
| Residents requiring restraints. | 20 | 23.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 17 | 19.5 | 63.1 | 55.8 |
| Residents with bed sores. | 3 | 3.4 | 4.6 | 4.7 |
| Residents receiving special skin care. | 3 | 3.4 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOUR SEASONS NURSING CTR OF NORMAN SNF

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1210 WEST ROBINSON | | NORMAN OK 73069 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICARE SNF/ICF | 124 | PROPRIETARY | 09/09/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 10 | 0 | 10 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 10 | 100 | 86.8 | 81.5 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 10 | 100 | 89.7 | 83.2 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 10 | 100 | 88.4 | 73.8 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 10 | 100 | 89.7 | 77.2 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 8 | 80.0 | 72.0 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 1 | 10.0 | 4.0 | 4.6 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 7 | 70.0 | 49.9 | 37.7 |
| Completely bedfast residents. | 3 | 30.0 | 10.0 | 3.4 |
| Residents confined to chairs. | 3 | 30.0 | 47.0 | 50.8 |
| Residents requiring restraints. | 4 | 40.0 | 14.0 | 41.3 |
| Confused or disoriented residents. | 8 | 80.0 | 54.9 | 58.4 |
| Residents with bed sores. | 5 | 50.0 | 10.3 | 7.1 |
| Residents receiving special skin care. | 6 | 60.0 | 45.6 | 31.2 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 4.5 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 0 | 0.0 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 2 | 9.1 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 0 | 0.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 0 | 0.0 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 0 | 0.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 1 | 4.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 3 | 13.6 | 1665 | 17.6 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.5 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.1 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 15 | 68.2 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 1 | 4.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 0 | 0.0 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 1 | 4.5 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 0 | 0.0 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.1 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 1 | 4.5 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 1 | 4.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 6 | 27.3 | 4050 | 42.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOLIDAY HEIGHTS NURSING HOME

| | | | |
|---------------------------------------|-------------------------|---|---------------------------------|
| Street Address: 301 E DALE | | City and State: NORMAN OK 73069 | |
| Participation: MEDICAID ICF | # of Beds: 51 | Type of Ownership: PROPRIETARY | Survey Date: 08/18/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | | |
|--|---------------------------------|----------------------------------|--|--|
| Total Residents on Day of Survey: 48 | Medicare Residents: 0 | Medicaid Residents: 28 | | |
|--|---------------------------------|----------------------------------|--|--|

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 45 | 93.8 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 42 | 87.5 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 42 | 87.5 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 38 | 79.2 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 36 | 75.0 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 38 | 79.2 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 25 | 52.1 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 23 | 47.9 | 42.6 | 39.1 |
| Residents requiring restraints. | 15 | 31.3 | 23.6 | 31.7 |
| Confused or disoriented residents. | 48 | 100 | 63.1 | 55.8 |
| Residents with bed sores. | 5 | 10.4 | 4.6 | 4.7 |
| Residents receiving special skin care. | 3 | 6.3 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MORNINGSIDE NURSING HOME

| | | | |
|---|-------------------------|---|---------------------------------|
| Street Address: 512 N INTERSTATE ROAD | | City and State: NORMAN OK 73072 | |
| Participation: MEDICAID ICF | # of Beds: 52 | Type of Ownership: NON-PROFIT PRIVATE | Survey Date: 01/28/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|---------------------------------|----------------------------------|--|
| Total Residents on Day of Survey: 44 | Medicare Residents: 0 | Medicaid Residents: 35 | |
|--|---------------------------------|----------------------------------|--|

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 44 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 32 | 72.7 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 33 | 75.0 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 32 | 72.7 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 27 | 61.4 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 10 | 22.7 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 27 | 61.4 | 35.1 | 29.3 |
| Completely bedfast residents. | 1 | 2.3 | 4.2 | 3.6 |
| Residents confined to chairs. | 9 | 20.5 | 42.6 | 39.1 |
| Residents requiring restraints. | 16 | 36.4 | 23.6 | 31.7 |
| Confused or disoriented residents. | 44 | 100 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 4.5 | 4.6 | 4.7 |
| Residents receiving special skin care. | 2 | 4.5 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROSEWOOD MANOR LIVING CENTER

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 501 E ROBINSON | | NORMAN OK 73071 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 200 | NON-PROFIT RELIGIOUS | 06/23/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | | |
|--|----------------------------|----------------------------|--|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | |
| 183 | 0 | 104 | | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 174 | 95.1 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 140 | 76.5 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 140 | 76.5 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 156 | 85.2 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 103 | 56.3 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 74 | 40.4 | 35.1 | 29.3 |
| Completely bedfast residents. | 4 | 2.2 | 4.2 | 3.6 |
| Residents confined to chairs. | 80 | 43.7 | 42.6 | 39.1 |
| Residents requiring restraints. | 35 | 19.1 | 23.6 | 31.7 |
| Confused or disoriented residents. | 110 | 60.1 | 63.1 | 55.8 |
| Residents with bed sores. | 8 | 4.4 | 4.6 | 4.7 |
| Residents receiving special skin care. | 56 | 30.6 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NOWATA MANOR NURSING HOME INC

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 516 S JOE ST | | NOWATA OK 74048 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 44 | PROPRIETARY | 12/08/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 44 | 0 | 24 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 41 | 93.2 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 37 | 84.1 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 37 | 84.1 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 37 | 84.1 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 37 | 84.1 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 10 | 22.7 | 35.1 | 29.3 |
| Completely bedfast residents. | 1 | 2.3 | 4.2 | 3.6 |
| Residents confined to chairs. | 11 | 25.0 | 42.6 | 39.1 |
| Residents requiring restraints. | 31 | 70.5 | 23.6 | 31.7 |
| Confused or disoriented residents. | 22 | 50.0 | 63.1 | 55.8 |
| Residents with bed sores. | 3 | 6.8 | 4.6 | 4.7 |
| Residents receiving special skin care. | 8 | 18.2 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OSAGE NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 725 W OSAGE | | NOWATA OK 74048 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 50 | PROPRIETARY | 07/12/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 38 | 0 | 23 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 38 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 31 | 81.6 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 30 | 78.9 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 31 | 81.6 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 32 | 84.2 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 25 | 65.8 | 35.1 | 29.3 |
| Completely bedfast residents. | 1 | 2.6 | 4.2 | 3.6 |
| Residents confined to chairs. | 0 | 0.0 | 42.6 | 39.1 |
| Residents requiring restraints. | 17 | 44.7 | 23.6 | 31.7 |
| Confused or disoriented residents. | 38 | 100 | 63.1 | 55.8 |
| Residents with bed sores. | 4 | 10.5 | 4.6 | 4.7 |
| Residents receiving special skin care. | 4 | 10.5 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

BUCHANAN NURSING HOME OF OKEENE INC

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 119 EAST 6TH ST | | OKEENE OK 73763 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 119 | PROPRIETARY | 02/10/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 83 | 0 | 63 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 35 | 42.2 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 58 | 69.9 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 49 | 59.0 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 44 | 53.0 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 48 | 57.8 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 4 | 4.8 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 21 | 25.3 | 35.1 | 29.3 |
| Completely bedfast residents. | 2 | 2.4 | 4.2 | 3.6 |
| Residents confined to chairs. | 14 | 16.9 | 42.6 | 39.1 |
| Residents requiring restraints. | 14 | 16.9 | 23.6 | 31.7 |
| Confused or disoriented residents. | 55 | 66.3 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 1.2 | 4.6 | 4.7 |
| Residents receiving special skin care. | 32 | 38.6 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
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| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | NOT MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLONIAL PARK NURSING HOME, INC.

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 600 WEST FRONTAGE ROAD | | OKEMAH OK 74859 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 60 | PROPRIETARY | 04/12/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 26 | 0 | 0 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 25 | 96.2 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 25 | 96.2 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 20 | 76.9 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 26 | 100 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 20 | 76.9 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 3 | 11.5 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 16 | 61.5 | 35.1 | 29.3 |
| Completely bedfast residents. | 1 | 3.8 | 4.2 | 3.6 |
| Residents confined to chairs. | 6 | 23.1 | 42.6 | 39.1 |
| Residents requiring restraints. | 6 | 23.1 | 23.6 | 31.7 |
| Confused or disoriented residents. | 22 | 84.6 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 3.8 | 4.6 | 4.7 |
| Residents receiving special skin care. | 26 | 100 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OKEMAH PIONEER NURSING HOME INC

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 202 NORTH DIVISION | | OKEMAH OK 74859 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 76 | NON-PROFIT OTHER | 05/21/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 64 | 0 | 50 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 63 | 98.4 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 62 | 96.9 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 39 | 60.9 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 38 | 59.4 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 35 | 54.7 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 43 | 67.2 | 35.1 | 29.3 |
| Completely bedfast residents. | 5 | 7.8 | 4.2 | 3.6 |
| Residents confined to chairs. | 13 | 20.3 | 42.6 | 39.1 |
| Residents requiring restraints. | 12 | 18.8 | 23.6 | 31.7 |
| Confused or disoriented residents. | 30 | 46.9 | 63.1 | 55.8 |
| Residents with bed sores. | 4 | 6.3 | 4.6 | 4.7 |
| Residents receiving special skin care. | 4 | 6.3 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALL SEASONS NH

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1913 NE 50TH ST | | OKLAHOMA CITY OK 73111 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 107 | NON-PROFIT RELIGIOUS | 08/18/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | | |
|--|----------------------------|----------------------------|--|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | |
| 76 | 0 | 54 | | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 76 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 60 | 78.9 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 60 | 78.9 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 60 | 78.9 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 65 | 85.5 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 4 | 5.3 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 20 | 26.3 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 20 | 26.3 | 42.6 | 39.1 |
| Residents requiring restraints. | 5 | 6.6 | 23.6 | 31.7 |
| Confused or disoriented residents. | 45 | 59.2 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 1.3 | 4.6 | 4.7 |
| Residents receiving special skin care. | 6 | 7.9 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | NOT MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CANTERBURY HEALTH CENTER

| | | | |
|---|--------------------------|---|---------------------------------|
| Street Address: 1400 NW 122ND | | City and State: OKLAHOMA CITY OK 73114 | |
| Participation: MEDICAID ICF | # of Beds: 120 | Type of Ownership: NON-PROFIT RELIGIOUS | Survey Date: 07/02/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|---------------------------------|---------------------------------|--|
| Total Residents on Day of Survey: 56 | Medicare Residents: 0 | Medicaid Residents: 2 | |
|--|---------------------------------|---------------------------------|--|

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| FACILITY | | STATE | NATION |
|----------|---|-------|--------|
| # | % | % | % |

| | | | | |
|--|----|------|------|------|
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 24 | 42.9 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 34 | 60.7 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 31 | 55.4 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 40 | 71.4 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 34 | 60.7 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 22 | 39.3 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 25 | 44.6 | 42.6 | 39.1 |
| Residents requiring restraints. | 12 | 21.4 | 23.6 | 31.7 |
| Confused or disoriented residents. | 40 | 71.4 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 1.8 | 4.6 | 4.7 |
| Residents receiving special skin care. | 19 | 33.9 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CENTRAL OK CHRISTIAN HOME

| | | | |
|---|------------------------------|---|-------------------------------------|
| Street Address: 6312 NORTH PORTLAND | | City and State: OKLAHOMA CITY OK 73112 | |
| Participation: MEDICAID ICF | # of Beds: 148 | Type of Ownership: NON-PROFIT RELIGIOUS | Survey Date: 02/09/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|-------------------------------------|--------------------------------------|
| Total Residents on Day of Survey: 125 | Medicare Residents: 0 | Medicaid Residents: 53 |
|---|-------------------------------------|--------------------------------------|

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 98 | 78.4 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 86 | 68.8 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 80 | 64.0 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 77 | 61.6 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 72 | 57.6 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 36 | 28.8 | 35.1 | 29.3 |
| Completely bedfast residents. | 3 | 2.4 | 4.2 | 3.6 |
| Residents confined to chairs. | 18 | 14.4 | 42.6 | 39.1 |
| Residents requiring restraints. | 37 | 29.6 | 23.6 | 31.7 |
| Confused or disoriented residents. | 61 | 48.8 | 63.1 | 55.8 |
| Residents with bed sores. | 7 | 5.6 | 4.6 | 4.7 |
| Residents receiving special skin care. | 24 | 19.2 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CEREBRAL PALSY & HANDICAPPED OF OK, INC

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 2901 SOUTHEAST 22ND | | OKLAHOMA CITY OK 73129 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 93 | NON-PROFIT PRIVATE | 12/10/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 16 | 0 | 15 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| FACILITY | | STATE | NATION |
|----------|---|-------|--------|
| # | % | % | % |

| | | | | |
|--|---|------|------|------|
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 7 | 43.8 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 8 | 50.0 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 7 | 43.8 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 7 | 43.8 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 1 | 6.3 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 6.3 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 2 | 12.5 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 7 | 43.8 | 42.6 | 39.1 |
| Residents requiring restraints. | 2 | 12.5 | 23.6 | 31.7 |
| Confused or disoriented residents. | 1 | 6.3 | 63.1 | 55.8 |
| Residents with bed sores. | 0 | 0.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 2 | 12.5 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | NOT MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

FOUR SEASONS N C OF WINDSOR HILLS

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 2416 N ANN ARBOR | | OKLAHOMA CITY OK 73127 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 112 | PROPRIETARY | 04/20/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 103 | 0 | 56 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 82 | 79.6 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 91 | 88.3 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 68 | 66.0 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 59 | 57.3 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 57 | 55.3 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 4 | 3.9 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 37 | 35.9 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 34 | 33.0 | 42.6 | 39.1 |
| Residents requiring restraints. | 26 | 25.2 | 23.6 | 31.7 |
| Confused or disoriented residents. | 72 | 69.9 | 63.1 | 55.8 |
| Residents with bed sores. | 10 | 9.7 | 4.6 | 4.7 |
| Residents receiving special skin care. | 60 | 58.3 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

FOUR SEASONS NRSNG CTR OF SW OK CITY

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 5600 S WALKER | | OKLAHOMA CITY OK 73109 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 120 | PROPRIETARY | 09/03/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 108 | 0 | 51 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 108 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 88 | 81.5 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 88 | 81.5 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 67 | 62.0 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 86 | 79.6 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 35 | 32.4 | 35.1 | 29.3 |
| Completely bedfast residents. | 7 | 6.5 | 4.2 | 3.6 |
| Residents confined to chairs. | 41 | 38.0 | 42.6 | 39.1 |
| Residents requiring restraints. | 27 | 25.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 59 | 54.6 | 63.1 | 55.8 |
| Residents with bed sores. | 11 | 10.2 | 4.6 | 4.7 |
| Residents receiving special skin care. | 6 | 5.6 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

FOUR SEASONS NURS CTR OF NW OK CITY

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 5301 N BROOKLINE | | OKLAHOMA CITY OK 73112 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICARE SNF | 136 | PROPRIETARY | 04/27/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 12 | 9 | 0 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 12 | 100 | 86.8 | 81.5 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 12 | 100 | 89.7 | 83.2 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 12 | 100 | 88.4 | 73.8 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 12 | 100 | 89.7 | 77.2 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 11 | 91.7 | 72.0 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.0 | 4.6 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 9 | 75.0 | 49.9 | 37.7 |
| Completely bedfast residents. | 3 | 25.0 | 10.0 | 3.4 |
| Residents confined to chairs. | 3 | 25.0 | 47.0 | 50.8 |
| Residents requiring restraints. | 1 | 8.3 | 14.0 | 41.3 |
| Confused or disoriented residents. | 9 | 75.0 | 54.9 | 58.4 |
| Residents with bed sores. | 1 | 8.3 | 10.3 | 7.1 |
| Residents receiving special skin care. | 4 | 33.3 | 45.6 | 31.2 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 4.5 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 0 | 0.0 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 2 | 9.1 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 0 | 0.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 0 | 0.0 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 0 | 0.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 1 | 4.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 3 | 13.6 | 1665 | 17.6 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.5 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.1 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 15 | 68.2 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 1 | 4.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 0 | 0.0 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 1 | 4.5 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 0 | 0.0 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.1 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 1 | 4.5 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 1 | 4.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 6 | 27.3 | 4050 | 42.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

FOUR SEASONS NURSING CTR OF WARR ACRES

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 6501 NORTH MACARTHUR | | OKLAHOMA CITY OK 73132 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 103 | PROPRIETARY | 03/23/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | | |
|--|----------------------------|----------------------------|--|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | |
| 17 | 0 | 0 | | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 15 | 88.2 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 15 | 88.2 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 13 | 76.5 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 13 | 76.5 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 13 | 76.5 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 8 | 47.1 | 35.1 | 29.3 |
| Completely bedfast residents. | 1 | 5.9 | 4.2 | 3.6 |
| Residents confined to chairs. | 10 | 58.8 | 42.6 | 39.1 |
| Residents requiring restraints. | 6 | 35.3 | 23.6 | 31.7 |
| Confused or disoriented residents. | 11 | 64.7 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 11.8 | 4.6 | 4.7 |
| Residents receiving special skin care. | 11 | 64.7 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

GHANA VIL NURS HME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 3000 N E 17TH | | OKLAHOMA CITY OK 73121 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 44 | PROPRIETARY | 07/08/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | | |
|--|----------------------------|----------------------------|--|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | |
| 37 | 0 | 30 | | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 17 | 45.9 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 30 | 81.1 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 21 | 56.8 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 21 | 56.8 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 24 | 64.9 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 8 | 21.6 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 8 | 21.6 | 42.6 | 39.1 |
| Residents requiring restraints. | 8 | 21.6 | 23.6 | 31.7 |
| Confused or disoriented residents. | 37 | 100 | 63.1 | 55.8 |
| Residents with bed sores. | 0 | 0.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 6 | 16.2 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HEFNER VILLAGE NURSING CENTER

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 5701 WEST BRITTON ROAD | | OKLAHOMA CITY OK 73132 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 173 | PROPRIETARY | 09/08/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 155 | 0 | 99 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 155 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 155 | 100 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 85 | 54.8 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 93 | 60.0 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 67 | 43.2 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 20 | 12.9 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 55 | 35.5 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 108 | 69.7 | 42.6 | 39.1 |
| Residents requiring restraints. | 82 | 52.9 | 23.6 | 31.7 |
| Confused or disoriented residents. | 86 | 55.5 | 63.1 | 55.8 |
| Residents with bed sores. | 12 | 7.7 | 4.6 | 4.7 |
| Residents receiving special skin care. | 103 | 66.5 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLCREST HEALTH CENTER INC

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 2129 SW 59TH | | OKLAHOMA CITY OK 73119 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICARE SNF | 148 | NON-PROFIT OTHER | 04/26/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 4 | 4 | 0 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 3 | 75.0 | 86.8 | 81.5 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 3 | 75.0 | 89.7 | 83.2 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 3 | 75.0 | 88.4 | 73.8 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 3 | 75.0 | 89.7 | 77.2 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 3 | 75.0 | 72.0 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.0 | 4.6 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 3 | 75.0 | 49.9 | 37.7 |
| Completely bedfast residents. | 3 | 75.0 | 10.0 | 3.4 |
| Residents confined to chairs. | 0 | 0.0 | 47.0 | 50.8 |
| Residents requiring restraints. | 1 | 25.0 | 14.0 | 41.3 |
| Confused or disoriented residents. | 3 | 75.0 | 54.9 | 58.4 |
| Residents with bed sores. | 1 | 25.0 | 10.3 | 7.1 |
| Residents receiving special skin care. | 3 | 75.0 | 45.6 | 31.2 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 4.5 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 0 | 0.0 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 2 | 9.1 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 0 | 0.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 0 | 0.0 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 0 | 0.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 1 | 4.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 3 | 13.6 | 1665 | 17.6 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.5 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.1 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 15 | 68.2 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 1 | 4.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 0 | 0.0 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 1 | 4.5 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 0 | 0.0 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.1 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 1 | 4.5 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 1 | 4.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 6 | 27.3 | 4050 | 42.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LACKEY MANOR

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 9700 MASHBURN BLVD | | OKLAHOMA CITY OK 73132 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 121 | NON-PROFIT RELIGIOUS | 03/29/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 116 | 0 | 33 |

| | | | | | |
|--|--|-----------------|---|--------------|---------------|
| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | | FACILITY | | STATE | NATION |
| | | # | % | % | % |

| | | | | | |
|--|-----|------|------|------|--|
| Bathing | | | | | |
| Residents requiring some or total assistance in bathing. | 110 | 94.8 | 84.1 | 78.3 | |
| Dressing | | | | | |
| Residents requiring some or total assistance in dressing. | 73 | 62.9 | 81.9 | 76.7 | |
| Toileting | | | | | |
| Residents requiring some or total assistance in toileting. | 94 | 81.0 | 68.9 | 63.4 | |
| Transferring | | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 105 | 90.5 | 70.7 | 66.0 | |
| Continence | | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 78 | 67.2 | 64.8 | 59.1 | |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 | |
| Eating | | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 52 | 44.8 | 35.1 | 29.3 | |
| Completely bedfast residents. | 6 | 5.2 | 4.2 | 3.6 | |
| Residents confined to chairs. | 44 | 37.9 | 42.6 | 39.1 | |
| Residents requiring restraints. | 58 | 50.0 | 23.6 | 31.7 | |
| Confused or disoriented residents. | 90 | 77.6 | 63.1 | 55.8 | |
| Residents with bed sores. | 7 | 6.0 | 4.6 | 4.7 | |
| Residents receiving special skin care. | 100 | 86.2 | 27.3 | 24.0 | |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MORNING STAR NURSING CENTER

| | | | |
|---------------------------------------|-------------------------|--|---------------------------------|
| Street Address: 3804 N BARR | | City and State: OKLAHOMA CITY OK 73122 | |
| Participation: MEDICAID ICF | # of Beds: 55 | Type of Ownership: PROPRIETARY | Survey Date: 09/03/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | | |
|--|---------------------------------|----------------------------------|--|--|
| Total Residents on Day of Survey: 53 | Medicare Residents: 0 | Medicaid Residents: 43 | | |
|--|---------------------------------|----------------------------------|--|--|

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 49 | 92.5 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 43 | 81.1 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 38 | 71.7 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 47 | 88.7 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 38 | 71.7 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 18 | 34.0 | 35.1 | 29.3 |
| Completely bedfast residents. | 1 | 1.9 | 4.2 | 3.6 |
| Residents confined to chairs. | 18 | 34.0 | 42.6 | 39.1 |
| Residents requiring restraints. | 18 | 34.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 45 | 84.9 | 63.1 | 55.8 |
| Residents with bed sores. | 8 | 15.1 | 4.6 | 4.7 |
| Residents receiving special skin care. | 12 | 22.6 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTHEAST NURSING CENTER

| | | | |
|--|-------------------------|--|---------------------------------|
| Street Address: 1215 NE 34TH | | City and State: OKLAHOMA CITY OK 73111 | |
| Participation: MEDICAID ICF | # of Beds: 72 | Type of Ownership: PROPRIETARY | Survey Date: 07/07/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|---------------------------------|----------------------------------|
| Total Residents on Day of Survey: 51 | Medicare Residents: 0 | Medicaid Residents: 50 |
|--|---------------------------------|----------------------------------|

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| FACILITY | | STATE | NATION |
|----------|---|-------|--------|
| # | % | % | % |

| | | | | |
|--|----|------|------|------|
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 39 | 76.5 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 39 | 76.5 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 24 | 47.1 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 31 | 60.8 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 24 | 47.1 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 9 | 17.6 | 35.1 | 29.3 |
| Completely bedfast residents. | 3 | 5.9 | 4.2 | 3.6 |
| Residents confined to chairs. | 19 | 37.3 | 42.6 | 39.1 |
| Residents requiring restraints. | 0 | 0.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 46 | 90.2 | 63.1 | 55.8 |
| Residents with bed sores. | 4 | 7.8 | 4.6 | 4.7 |
| Residents receiving special skin care. | 13 | 25.5 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTHWEST NURSING CENTER

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 2801 N W 61ST | | OKLAHOMA CITY OK 73112 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 100 | PROPRIETARY | 07/14/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | | |
|--|----------------------------|----------------------------|--|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | |
| 89 | 0 | 42 | | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 87 | 97.8 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 79 | 88.8 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 53 | 59.6 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 60 | 67.4 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 58 | 65.2 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 24 | 27.0 | 35.1 | 29.3 |
| Completely bedfast residents. | 1 | 1.1 | 4.2 | 3.6 |
| Residents confined to chairs. | 48 | 53.9 | 42.6 | 39.1 |
| Residents requiring restraints. | 1 | 1.1 | 23.6 | 31.7 |
| Confused or disoriented residents. | 63 | 70.8 | 63.1 | 55.8 |
| Residents with bed sores. | 4 | 4.5 | 4.6 | 4.7 |
| Residents receiving special skin care. | 12 | 13.5 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARK MANOR NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1214 N BROADWAY | | OKLAHOMA CITY OK 73103 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 140 | PROPRIETARY | 04/13/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 114 | 0 | 95 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 84 | 73.7 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 112 | 98.2 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 74 | 64.9 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 74 | 64.9 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 94 | 82.5 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 12 | 10.5 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 31 | 27.2 | 35.1 | 29.3 |
| Completely bedfast residents. | 2 | 1.8 | 4.2 | 3.6 |
| Residents confined to chairs. | 56 | 49.1 | 42.6 | 39.1 |
| Residents requiring restraints. | 41 | 36.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 90 | 78.9 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 1.8 | 4.6 | 4.7 |
| Residents receiving special skin care. | 0 | 0.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--------------------------------|--|------|--------|------|
| | STATE | | NATION | |
| | # | % | # | % |
| MET | 22 | 5.9 | 255 | 4.7 |
| NOT MET | 67 | 18.1 | 748 | 13.7 |
| MET | 20 | 5.4 | 601 | 11.0 |
| MET | 164 | 44.2 | 1385 | 25.3 |
| MET | 26 | 7.0 | 1045 | 19.1 |
| NOT MET | 4 | 1.1 | 269 | 4.9 |
| NOT MET | 6 | 1.6 | 311 | 5.7 |
| MET | 12 | 3.2 | 481 | 8.8 |
| MET | 9 | 2.4 | 479 | 8.8 |
| MET | 74 | 19.9 | 1064 | 19.4 |
| MET | 85 | 22.9 | 1169 | 21.4 |
| MET | 0 | 0.0 | 0 | 0.0 |
| MET | 0 | 0.0 | 0 | 0.0 |
| MET | 0 | 0.0 | 0 | 0.0 |
| MET | 25 | 6.7 | 267 | 4.9 |
| MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PORTLAND HEALTH CARE FACILITY

| | | | |
|---|-----------------------------|--|-------------------------------------|
| Street Address: 3718 NORTH PORTLAND | | City and State: OKLAHOMA CITY OK 73112 | |
| Participation: MEDICAID ICF | # of Beds: 29 | Type of Ownership: PROPRIETARY | Survey Date: 09/30/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | | |
|--|-------------------------------------|--------------------------------------|--|--|
| Total Residents on Day of Survey: 26 | Medicare Residents: 0 | Medicaid Residents: 21 | | |
|--|-------------------------------------|--------------------------------------|--|--|

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 21 | 80.8 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 17 | 65.4 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 14 | 53.8 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 17 | 65.4 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 11 | 42.3 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 3 | 11.5 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 4 | 15.4 | 42.6 | 39.1 |
| Residents requiring restraints. | 0 | 0.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 12 | 46.2 | 63.1 | 55.8 |
| Residents with bed sores. | 0 | 0.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 1 | 3.8 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was not in compliance in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHADYVIEW NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1163 EAST MADISON | | OKLAHOMA CITY OK 73111 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 70 | PROPRIETARY | 08/19/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 42 | 0 | 39 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 21 | 50.0 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 29 | 69.0 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 22 | 52.4 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 32 | 76.2 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 18 | 42.9 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 12 | 28.6 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 7 | 16.7 | 35.1 | 29.3 |
| Completely bedfast residents. | 1 | 2.4 | 4.2 | 3.6 |
| Residents confined to chairs. | 11 | 26.2 | 42.6 | 39.1 |
| Residents requiring restraints. | 2 | 4.8 | 23.6 | 31.7 |
| Confused or disoriented residents. | 42 | 100 | 63.1 | 55.8 |
| Residents with bed sores. | 3 | 7.1 | 4.6 | 4.7 |
| Residents receiving special skin care. | 42 | 100 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SKYVIEW NURSING CENTER

| | | | |
|---|-------------------------|--|---------------------------------|
| Street Address: 2200 COLTRANE | | City and State: OKLAHOMA CITY OK 73121 | |
| Participation: MEDICAID ICF | # of Beds: 60 | Type of Ownership: PROPRIETARY | Survey Date: 11/30/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|---------------------------------|----------------------------------|--|
| Total Residents on Day of Survey: 41 | Medicare Residents: 0 | Medicaid Residents: 22 | |
|--|---------------------------------|----------------------------------|--|

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 33 | 80.5 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 36 | 87.8 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 7 | 17.1 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 12 | 29.3 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 17 | 41.5 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 7 | 17.1 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 11 | 26.8 | 42.6 | 39.1 |
| Residents requiring restraints. | 0 | 0.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 40 | 97.6 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 4.9 | 4.6 | 4.7 |
| Residents receiving special skin care. | 0 | 0.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

SOUTH PARK HEALTH CARE CENTER

| | | | |
|---------------------------------------|--------------------------|--|---------------------------------|
| Street Address: 5725 S ROSS | | City and State: OKLAHOMA CITY OK 73119 | |
| Participation: MEDICAID ICF | # of Beds: 248 | Type of Ownership: PROPRIETARY | Survey Date: 06/04/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---------------------------------|----------------------------------|
| Total Residents on Day of Survey: 140 | Medicare Residents: 0 | Medicaid Residents: 83 |
|---|---------------------------------|----------------------------------|

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| FACILITY | | STATE | NATION |
|----------|---|-------|--------|
| # | % | % | % |

| | | | | |
|--|-----|------|------|------|
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 138 | 98.6 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 139 | 99.3 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 116 | 82.9 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 110 | 78.6 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 116 | 82.9 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 4 | 2.9 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 36 | 25.7 | 35.1 | 29.3 |
| Completely bedfast residents. | 6 | 4.3 | 4.2 | 3.6 |
| Residents confined to chairs. | 74 | 52.9 | 42.6 | 39.1 |
| Residents requiring restraints. | 62 | 44.3 | 23.6 | 31.7 |
| Confused or disoriented residents. | 119 | 85.0 | 63.1 | 55.8 |
| Residents with bed sores. | 6 | 4.3 | 4.6 | 4.7 |
| Residents receiving special skin care. | 41 | 29.3 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOUTHERN OAKS MANOR

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 301 S W 74TH STREET | | OKLAHOMA CITY OK 73139 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 105 | PROPRIETARY | 01/26/88 |

SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | | Medicare Residents: | | Medicaid Residents: | |
|--|--|----------------------------|------|----------------------------|--------|
| 100 | | 0 | | 70 | |
| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | | FACILITY | | STATE | NATION |
| | | # | % | % | % |
| Bathing | | | | | |
| Residents requiring some or total assistance in bathing. | | 95 | 95.0 | 84.1 | 78.3 |
| Dressing | | | | | |
| Residents requiring some or total assistance in dressing. | | 80 | 80.0 | 81.9 | 76.7 |
| Toileting | | | | | |
| Residents requiring some or total assistance in toileting. | | 60 | 60.0 | 68.9 | 63.4 |
| Transferring | | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | | 66 | 66.0 | 70.7 | 66.0 |
| Continence | | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | | 54 | 54.0 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | | 30 | 30.0 | 35.1 | 29.3 |
| Completely bedfast residents. | | 1 | 1.0 | 4.2 | 3.6 |
| Residents confined to chairs. | | 21 | 21.0 | 42.6 | 39.1 |
| Residents requiring restraints. | | 38 | 38.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | | 46 | 46.0 | 63.1 | 55.8 |
| Residents with bed sores. | | 3 | 3.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | | 28 | 28.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOUTHWESTERN CONVALESCENT MANOR

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 5512 SOUTH WESTERN | | OKLAHOMA CITY OK 73109 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 59 | PROPRIETARY | 01/13/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 54 | 0 | 23 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 49 | 90.7 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 51 | 94.4 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 45 | 83.3 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 45 | 83.3 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 46 | 85.2 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 5 | 9.3 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 22 | 40.7 | 35.1 | 29.3 |
| Completely bedfast residents. | 3 | 5.6 | 4.2 | 3.6 |
| Residents confined to chairs. | 34 | 63.0 | 42.6 | 39.1 |
| Residents requiring restraints. | 13 | 24.1 | 23.6 | 31.7 |
| Confused or disoriented residents. | 34 | 63.0 | 63.1 | 55.8 |
| Residents with bed sores. | 4 | 7.4 | 4.6 | 4.7 |
| Residents receiving special skin care. | 4 | 7.4 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST ANNS HOME

| | | | |
|---|-------------------------|---|---------------------------------|
| Street Address: 3825 NW 19TH ST | | City and State: OKLAHOMA CITY OK 73107 | |
| Participation: MEDICAID ICF | # of Beds: 82 | Type of Ownership: NON-PROFIT RELIGIOUS | Survey Date: 04/04/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|---------------------------------|----------------------------------|--|
| Total Residents on Day of Survey: 74 | Medicare Residents: 0 | Medicaid Residents: 28 | |
|--|---------------------------------|----------------------------------|--|

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 70 | 94.6 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 63 | 85.1 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 47 | 63.5 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 52 | 70.3 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 47 | 63.5 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 42 | 56.8 | 35.1 | 29.3 |
| Completely bedfast residents. | 1 | 1.4 | 4.2 | 3.6 |
| Residents confined to chairs. | 32 | 43.2 | 42.6 | 39.1 |
| Residents requiring restraints. | 34 | 45.9 | 23.6 | 31.7 |
| Confused or disoriented residents. | 33 | 44.6 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 1.4 | 4.6 | 4.7 |
| Residents receiving special skin care. | 4 | 5.4 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUBURBAN SQUARE NURSING CENTER

| | | | |
|--|-----------------------------|--|-------------------------------------|
| Street Address: 225 S W 35TH | | City and State: OKLAHOMA CITY OK 73109 | |
| Participation: MEDICAID ICF | # of Beds: 30 | Type of Ownership: PROPRIETARY | Survey Date: 09/30/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|-------------------------------------|--------------------------------------|
| Total Residents on Day of Survey: 30 | Medicare Residents: 0 | Medicaid Residents: 20 |
|--|-------------------------------------|--------------------------------------|

| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | | FACILITY | | STATE | NATION |
|--|--|----------|---|-------|--------|
| | | # | % | % | % |

| | | | | | |
|--|----|------|------|------|--|
| Bathing | | | | | |
| Residents requiring some or total assistance in bathing. | 30 | 100 | 84.1 | 78.3 | |
| Dressing | | | | | |
| Residents requiring some or total assistance in dressing. | 23 | 76.7 | 81.9 | 76.7 | |
| Toileting | | | | | |
| Residents requiring some or total assistance in toileting. | 22 | 73.3 | 68.9 | 63.4 | |
| Transferring | | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 18 | 60.0 | 70.7 | 66.0 | |
| Continence | | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 16 | 53.3 | 64.8 | 59.1 | |
| Residents on individually written bowel and bladder retraining program. | 2 | 6.7 | 7.1 | 6.1 | |
| Eating | | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 6 | 20.0 | 35.1 | 29.3 | |
| Completely bedfast residents. | 2 | 6.7 | 4.2 | 3.6 | |
| Residents confined to chairs. | 18 | 60.0 | 42.6 | 39.1 | |
| Residents requiring restraints. | 0 | 0.0 | 23.6 | 31.7 | |
| Confused or disoriented residents. | 19 | 63.3 | 63.1 | 55.8 | |
| Residents with bed sores. | 2 | 6.7 | 4.6 | 4.7 | |
| Residents receiving special skin care. | 9 | 30.0 | 27.3 | 24.0 | |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TERRACE GARDENS NURSING CENTER

| | | | |
|---|--------------------------|--|---------------------------------|
| Street Address: 1921 N E 21ST | | City and State: OKLAHOMA CITY OK 73111 | |
| Participation: MEDICAID ICF | # of Beds: 105 | Type of Ownership: PROPRIETARY | Survey Date: 10/15/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|---------------------------------|----------------------------------|--|
| Total Residents on Day of Survey: 79 | Medicare Residents: 0 | Medicaid Residents: 74 | |
|--|---------------------------------|----------------------------------|--|

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|----------|------|-------|--------|
| | # | % | % | % |
| Bathing Residents requiring some or total assistance in bathing. | 61 | 77.2 | 84.1 | 78.3 |
| Dressing Residents requiring some or total assistance in dressing. | 72 | 91.1 | 81.9 | 76.7 |
| Toileting Residents requiring some or total assistance in toileting. | 33 | 41.8 | 68.9 | 63.4 |
| Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 25 | 31.6 | 70.7 | 66.0 |
| Continence Residents with catheters or partial or total loss of bowel or bladder control. | 34 | 43.0 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 2.5 | 7.1 | 6.1 |
| Eating Residents receiving tube feedings or requiring assistance with eating. | 10 | 12.7 | 35.1 | 29.3 |
| Completely bedfast residents. | 1 | 1.3 | 4.2 | 3.6 |
| Residents confined to chairs. | 24 | 30.4 | 42.6 | 39.1 |
| Residents requiring restraints. | 1 | 1.3 | 23.6 | 31.7 |
| Confused or disoriented residents. | 54 | 68.4 | 63.1 | 55.8 |
| Residents with bed sores. | 7 | 8.9 | 4.6 | 4.7 |
| Residents receiving special skin care. | 12 | 15.2 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE CONVALESCENT CTR OF OKLAHOMA CITY

| | | | |
|---|------------------------------|--|-------------------------------------|
| Street Address: 3233 N W 10TH | | City and State: OKLAHOMA CITY OK 73107 | |
| Participation: MEDICAID ICF | # of Beds: 142 | Type of Ownership: PROPRIETARY | Survey Date: 11/10/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|-------------------------------------|--------------------------------------|
| Total Residents on Day of Survey: 114 | Medicare Residents: 0 | Medicaid Residents: 78 |
|---|-------------------------------------|--------------------------------------|

| | | | |
|--|-----------------|--------------|---------------|
| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | STATE | NATION |
| | # | % | % |

| | | | | |
|--|-----|------|------|------|
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 105 | 92.1 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 91 | 79.8 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 68 | 59.6 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 105 | 92.1 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 105 | 92.1 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 6 | 5.3 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 28 | 24.6 | 35.1 | 29.3 |
| Completely bedfast residents. | 2 | 1.8 | 4.2 | 3.6 |
| Residents confined to chairs. | 59 | 51.8 | 42.6 | 39.1 |
| Residents requiring restraints. | 22 | 19.3 | 23.6 | 31.7 |
| Confused or disoriented residents. | 68 | 59.6 | 63.1 | 55.8 |
| Residents with bed sores. | 12 | 10.5 | 4.6 | 4.7 |
| Residents receiving special skin care. | 7 | 6.1 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

WALNUT CREEK NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 2400 S W 55TH | | OKLAHOMA CITY OK 73119 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 120 | PROPRIETARY | 09/22/87 |

SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | | Medicare Residents: | | Medicaid Residents: | |
|--|--|----------------------------|------|----------------------------|--------|
| 116 | | 0 | | 96 | |
| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | | FACILITY | | STATE | NATION |
| | | # | % | % | % |
| Bathing | | | | | |
| Residents requiring some or total assistance in bathing. | | 111 | 95.7 | 84.1 | 78.3 |
| Dressing | | | | | |
| Residents requiring some or total assistance in dressing. | | 98 | 84.5 | 81.9 | 76.7 |
| Toileting | | | | | |
| Residents requiring some or total assistance in toileting. | | 98 | 84.5 | 68.9 | 63.4 |
| Transferring | | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | | 95 | 81.9 | 70.7 | 66.0 |
| Continence | | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | | 98 | 84.5 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | | 13 | 11.2 | 35.1 | 29.3 |
| Completely bedfast residents. | | 3 | 2.6 | 4.2 | 3.6 |
| Residents confined to chairs. | | 52 | 44.8 | 42.6 | 39.1 |
| Residents requiring restraints. | | 26 | 22.4 | 23.6 | 31.7 |
| Confused or disoriented residents. | | 78 | 67.2 | 63.1 | 55.8 |
| Residents with bed sores. | | 6 | 5.2 | 4.6 | 4.7 |
| Residents receiving special skin care. | | 70 | 60.3 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WILSHIRE NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 505 E WILSHIRE | | OKLAHOMA CITY OK 73105 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 56 | PROPRIETARY | 10/13/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 55 | 0 | 43 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 50 | 90.9 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 49 | 89.1 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 49 | 89.1 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 49 | 89.1 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 35 | 63.6 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 10 | 18.2 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 36 | 65.5 | 42.6 | 39.1 |
| Residents requiring restraints. | 36 | 65.5 | 23.6 | 31.7 |
| Confused or disoriented residents. | 43 | 78.2 | 63.1 | 55.8 |
| Residents with bed sores. | 3 | 5.5 | 4.6 | 4.7 |
| Residents receiving special skin care. | 5 | 9.1 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WOODSIDE NURSING CENTER

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 3601 N EASTERN | | OKLAHOMA CITY OK 73136 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 137 | PROPRIETARY | 03/03/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 96 | 0 | 85 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 53 | 55.2 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 51 | 53.1 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 37 | 38.5 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 40 | 41.7 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 33 | 34.4 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 8 | 8.3 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 11 | 11.5 | 35.1 | 29.3 |
| Completely bedfast residents. | 3 | 3.1 | 4.2 | 3.6 |
| Residents confined to chairs. | 21 | 21.9 | 42.6 | 39.1 |
| Residents requiring restraints. | 0 | 0.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 76 | 79.2 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 1.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 10 | 10.4 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HIGHLAND PARK MANOR

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1300 EAST WALNUT | | OKMULGEE OK 74447 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 100 | PROPRIETARY | 06/09/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 94 | 0 | 68 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 84 | 89.4 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 87 | 92.6 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 73 | 77.7 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 57 | 60.6 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 73 | 77.7 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 44 | 46.8 | 35.1 | 29.3 |
| Completely bedfast residents. | 5 | 5.3 | 4.2 | 3.6 |
| Residents confined to chairs. | 51 | 54.3 | 42.6 | 39.1 |
| Residents requiring restraints. | 0 | 0.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 56 | 59.6 | 63.1 | 55.8 |
| Residents with bed sores. | 9 | 9.6 | 4.6 | 4.7 |
| Residents receiving special skin care. | 48 | 51.1 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE REBOLD MANOR NH

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1701 E 6TH | | OKMULGEE OK 74447 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 114 | PROPRIETARY | 02/24/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 98 | 0 | 53 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 93 | 94.9 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 95 | 96.9 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 96 | 98.0 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 96 | 98.0 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 95 | 96.9 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 40 | 40.8 | 35.1 | 29.3 |
| Completely bedfast residents. | 2 | 2.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 41 | 41.8 | 42.6 | 39.1 |
| Residents requiring restraints. | 37 | 37.8 | 23.6 | 31.7 |
| Confused or disoriented residents. | 70 | 71.4 | 63.1 | 55.8 |
| Residents with bed sores. | 10 | 10.2 | 4.6 | 4.7 |
| Residents receiving special skin care. | 98 | 100 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EVERGREEN CARE CENTER

| | | | |
|------------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 12600 EAST 73RD STREET NORTH | | OWASSO OK 74055 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 120 | NON-PROFIT PRIVATE | 04/21/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 102 | 0 | 0 |

| | | | |
|--|-----------------|--------------|---------------|
| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | STATE | NATION |
| | # | % | % |

| | | | | |
|--|----|------|------|------|
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 98 | 96.1 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 81 | 79.4 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 75 | 73.5 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 90 | 88.2 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 80 | 78.4 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 15 | 14.7 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 29 | 28.4 | 35.1 | 29.3 |
| Completely bedfast residents. | 1 | 1.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 45 | 44.1 | 42.6 | 39.1 |
| Residents requiring restraints. | 38 | 37.3 | 23.6 | 31.7 |
| Confused or disoriented residents. | 74 | 72.5 | 63.1 | 55.8 |
| Residents with bed sores. | 6 | 5.9 | 4.6 | 4.7 |
| Residents receiving special skin care. | 6 | 5.9 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | NOT MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLONIAL NURSING AND RETIREMENT CENTER

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 105 WASHINGTON | | PAULS VALLEY OK 73075 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 109 | PROPRIETARY | 07/07/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 96 | 0 | 72 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 90 | 93.8 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 90 | 93.8 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 90 | 93.8 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 90 | 93.8 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 94 | 97.9 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 80 | 83.3 | 35.1 | 29.3 |
| Completely bedfast residents. | 43 | 44.8 | 4.2 | 3.6 |
| Residents confined to chairs. | 43 | 44.8 | 42.6 | 39.1 |
| Residents requiring restraints. | 2 | 2.1 | 23.6 | 31.7 |
| Confused or disoriented residents. | 0 | 0.0 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 2.1 | 4.6 | 4.7 |
| Residents receiving special skin care. | 0 | 0.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PAULS VALLEY HEALTH CARE FACILITY

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1413 SOUTH CHICKASAW | | PAULS VALLEY OK 73075 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 51 | PROPRIETARY | 12/03/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 49 | 0 | 38 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 47 | 95.9 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 44 | 89.8 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 31 | 63.3 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 38 | 77.6 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 35 | 71.4 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 5 | 10.2 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 13 | 26.5 | 35.1 | 29.3 |
| Completely bedfast residents. | 3 | 6.1 | 4.2 | 3.6 |
| Residents confined to chairs. | 14 | 28.6 | 42.6 | 39.1 |
| Residents requiring restraints. | 10 | 20.4 | 23.6 | 31.7 |
| Confused or disoriented residents. | 49 | 100 | 63.1 | 55.8 |
| Residents with bed sores. | 3 | 6.1 | 4.6 | 4.7 |
| Residents receiving special skin care. | 49 | 100 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PAWHUSKA NURSING HOME

| | | | |
|--|-------------------------|---|---------------------------------|
| Street Address: 1228 S PECAN | | City and State: PAWHUSKA OK 74056 | |
| Participation: MEDICAID ICF | # of Beds: 80 | Type of Ownership: PROPRIETARY | Survey Date: 02/25/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|---------------------------------|----------------------------------|
| Total Residents on Day of Survey: 60 | Medicare Residents: 0 | Medicaid Residents: 44 |
|--|---------------------------------|----------------------------------|

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 57 | 95.0 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 42 | 70.0 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 35 | 58.3 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 37 | 61.7 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 34 | 56.7 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 5 | 8.3 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 15 | 25.0 | 35.1 | 29.3 |
| Completely bedfast residents. | 1 | 1.7 | 4.2 | 3.6 |
| Residents confined to chairs. | 40 | 66.7 | 42.6 | 39.1 |
| Residents requiring restraints. | 20 | 33.3 | 23.6 | 31.7 |
| Confused or disoriented residents. | 30 | 50.0 | 63.1 | 55.8 |
| Residents with bed sores. | 3 | 5.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 60 | 100 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PAWNEE CARE CENTER

| | | | |
|---------------------------------------|-------------------------|---|---------------------------------|
| Street Address: 800 9TH ST | | City and State: PAWNEE OK 74058 | |
| Participation: MEDICAID ICF | # of Beds: 52 | Type of Ownership: PROPRIETARY | Survey Date: 08/06/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|---------------------------------|----------------------------------|
| Total Residents on Day of Survey: 39 | Medicare Residents: 0 | Medicaid Residents: 26 |
|--|---------------------------------|----------------------------------|

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| FACILITY | | STATE | NATION |
|----------|---|-------|--------|
| # | % | % | % |

Bathing

Residents requiring some or total assistance in bathing.

34 87.2 84.1 78.3

Dressing

Residents requiring some or total assistance in dressing.

26 66.7 81.9 76.7

Toileting

Residents requiring some or total assistance in toileting.

25 64.1 68.9 63.4

Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

25 64.1 70.7 66.0

Continence

Residents with catheters or partial or total loss of bowel or bladder control.

19 48.7 64.8 59.1

Residents on individually written bowel and bladder retraining program.

0 0.0 7.1 6.1

Eating

Residents receiving tube feedings or requiring assistance with eating.

9 23.1 35.1 29.3

Completely bedfast residents.

0 0.0 4.2 3.6

Residents confined to chairs.

18 46.2 42.6 39.1

Residents requiring restraints.

7 17.9 23.6 31.7

Confused or disoriented residents.

23 59.0 63.1 55.8

Residents with bed sores.

8 20.5 4.6 4.7

Residents receiving special skin care.

21 53.8 27.3 24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | NOT MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

PERRY GREEN VALLEY NURSING CENTER

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1103 BIRCH ST | | PERRY OK 73077 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 82 | PROPRIETARY | 07/21/87 |

SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | | |
|--|---------------------|---------------------|------|-------|--------|
| 75 | 0 | 41 | | | |
| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | | FACILITY | | STATE | NATION |
| | | # | % | % | % |
| Bathing | | | | | |
| Residents requiring some or total assistance in bathing. | | 68 | 90.7 | 84.1 | 78.3 |
| Dressing | | | | | |
| Residents requiring some or total assistance in dressing. | | 71 | 94.7 | 81.9 | 76.7 |
| Toileting | | | | | |
| Residents requiring some or total assistance in toileting. | | 57 | 76.0 | 68.9 | 63.4 |
| Transferring | | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | | 57 | 76.0 | 70.7 | 66.0 |
| Continence | | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | | 46 | 61.3 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | | 30 | 40.0 | 35.1 | 29.3 |
| Completely bedfast residents. | | 1 | 1.3 | 4.2 | 3.6 |
| Residents confined to chairs. | | 33 | 44.0 | 42.6 | 39.1 |
| Residents requiring restraints. | | 32 | 42.7 | 23.6 | 31.7 |
| Confused or disoriented residents. | | 42 | 56.0 | 63.1 | 55.8 |
| Residents with bed sores. | | 3 | 4.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | | 20 | 26.7 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PERRY NH

| | | | |
|---------------------------------------|-------------------------|--|---------------------------------|
| Street Address: 410 15TH ST | | City and State: PERRY OK 73077 | |
| Participation: MEDICAID ICF | # of Beds: 51 | Type of Ownership: PROPRIETARY | Survey Date: 02/23/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|---------------------------------|----------------------------------|
| Total Residents on Day of Survey: 31 | Medicare Residents: 0 | Medicaid Residents: 16 |
|--|---------------------------------|----------------------------------|

| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|----------|---|-------|--------|
| | # | % | % | % |

| | | | | |
|--|----|------|------|------|
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 21 | 67.7 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 24 | 77.4 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 20 | 64.5 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 18 | 58.1 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 20 | 64.5 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 5 | 16.1 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 15 | 48.4 | 42.6 | 39.1 |
| Residents requiring restraints. | 3 | 9.7 | 23.6 | 31.7 |
| Confused or disoriented residents. | 16 | 51.6 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 6.5 | 4.6 | 4.7 |
| Residents receiving special skin care. | 13 | 41.9 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEIGH MANOR

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 201 SOUTH FRANCIS | | PICHER OK 74360 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 26 | PROPRIETARY | 10/22/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 21 | 0 | 20 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 20 | 95.2 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 20 | 95.2 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 12 | 57.1 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 12 | 57.1 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 10 | 47.6 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 6 | 28.6 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 2 | 9.5 | 42.6 | 39.1 |
| Residents requiring restraints. | 1 | 4.8 | 23.6 | 31.7 |
| Confused or disoriented residents. | 9 | 42.9 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 9.5 | 4.6 | 4.7 |
| Residents receiving special skin care. | 2 | 9.5 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEDI BRANCH NURSING CENTER

| | | | |
|--------------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| INTERSECTION OF HOME AND PRYOR | | POCOLA OK 74902 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 90 | NON-PROFIT PRIVATE | 06/10/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 77 | 0 | 20 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 56 | 72.7 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 52 | 67.5 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 45 | 58.4 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 58 | 75.3 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 47 | 61.0 | 64.8 | 69.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 30 | 39.0 | 35.1 | 29.3 |
| Completely bedfast residents. | 1 | 1.3 | 4.2 | 3.6 |
| Residents confined to chairs. | 21 | 27.3 | 42.6 | 39.1 |
| Residents requiring restraints. | 32 | 41.6 | 23.6 | 31.7 |
| Confused or disoriented residents. | 60 | 77.9 | 63.1 | 55.8 |
| Residents with bed sores. | 4 | 5.2 | 4.6 | 4.7 |
| Residents receiving special skin care. | 24 | 31.2 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HIGHLAND NURSING CTR

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1401 W HIGHLAND | | PONCA CITY OK 74601 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 97 | PROPRIETARY | 12/08/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | | |
|--|----------------------------|----------------------------|--|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | |
| 74 | 0 | 45 | | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 74 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 71 | 95.9 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 60 | 81.1 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 55 | 74.3 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 54 | 73.0 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 31 | 41.9 | 35.1 | 29.3 |
| Completely bedfast residents. | 4 | 5.4 | 4.2 | 3.6 |
| Residents confined to chairs. | 23 | 31.1 | 42.6 | 39.1 |
| Residents requiring restraints. | 23 | 31.1 | 23.6 | 31.7 |
| Confused or disoriented residents. | 70 | 94.6 | 63.1 | 55.8 |
| Residents with bed sores. | 3 | 4.1 | 4.6 | 4.7 |
| Residents receiving special skin care. | 74 | 100 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PONCA CITY NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1400 N WAVERLY AVE | | PONCA CITY OK 74601 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 143 | PROPRIETARY | 07/20/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 116 | 0 | 54 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 112 | 96.6 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 74 | 63.8 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 62 | 53.4 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 74 | 63.8 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 60 | 51.7 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 34 | 29.3 | 35.1 | 29.3 |
| Completely bedfast residents. | 1 | 0.9 | 4.2 | 3.6 |
| Residents confined to chairs. | 39 | 33.6 | 42.6 | 39.1 |
| Residents requiring restraints. | 34 | 29.3 | 23.6 | 31.7 |
| Confused or disoriented residents. | 48 | 41.4 | 63.1 | 55.8 |
| Residents with bed sores. | 5 | 4.3 | 4.6 | 4.7 |
| Residents receiving special skin care. | 3 | 2.6 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | NOT MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHAWN MANOR NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 2024 TURNER RD | | PONCA CITY OK 74601 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 86 | PROPRIETARY | 05/03/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | | |
|--|----------------------------|----------------------------|--|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | |
| 81 | 0 | 36 | | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 81 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 75 | 92.6 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 64 | 79.0 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 64 | 79.0 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 64 | 79.0 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 4 | 4.9 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 25 | 30.9 | 35.1 | 29.3 |
| Completely bedfast residents. | 1 | 1.2 | 4.2 | 3.6 |
| Residents confined to chairs. | 34 | 42.0 | 42.6 | 39.1 |
| Residents requiring restraints. | 37 | 45.7 | 23.6 | 31.7 |
| Confused or disoriented residents. | 81 | 100 | 63.1 | 55.8 |
| Residents with bed sores. | 7 | 8.6 | 4.6 | 4.7 |
| Residents receiving special skin care. | 7 | 8.6 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EASTERN OKLAHOMA SNF

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 105 WALL STREET | | POTEAU OK 74953 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICARE SNF | 84 | NON-PROFIT OTHER | 07/23/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 1 | 1 | 0 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| FACILITY | | STATE | NATION |
|----------|---|-------|--------|
| # | % | % | % |

| | | | | |
|--|---|-----|------|------|
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 1 | 100 | 86.8 | 81.5 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 1 | 100 | 89.7 | 83.2 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 1 | 100 | 88.4 | 73.8 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 1 | 100 | 89.7 | 77.2 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 1 | 100 | 72.0 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.0 | 4.6 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 1 | 100 | 49.9 | 37.7 |
| Completely bedfast residents. | 1 | 100 | 10.0 | 3.4 |
| Residents confined to chairs. | 0 | 0.0 | 47.0 | 50.8 |
| Residents requiring restraints. | 0 | 0.0 | 14.0 | 41.3 |
| Confused or disoriented residents. | 1 | 100 | 54.9 | 58.4 |
| Residents with bed sores. | 0 | 0.0 | 10.3 | 7.1 |
| Residents receiving special skin care. | 1 | 100 | 45.6 | 31.2 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 4.5 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 0 | 0.0 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 2 | 9.1 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 0 | 0.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 0 | 0.0 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 0 | 0.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 1 | 4.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 3 | 13.6 | 1665 | 17.6 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.5 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.1 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 15 | 68.2 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 1 | 4.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 0 | 0.0 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | NOT MET | 1 | 4.5 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 0 | 0.0 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.1 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 1 | 4.5 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 1 | 4.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 6 | 27.3 | 4050 | 42.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

LEFLORE NH INC

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 410 CARTER STREET | | POTEAU OK 74953 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 63 | PROPRIETARY | 11/24/87 |

SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | | |
|--|---------------------|---------------------|------|-------|--------|
| 53 | 0 | 27 | | | |
| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | | FACILITY | | STATE | NATION |
| | | # | % | % | % |
| Bathing | | | | | |
| Residents requiring some or total assistance in bathing. | | 27 | 50.9 | 84.1 | 78.3 |
| Dressing | | | | | |
| Residents requiring some or total assistance in dressing. | | 36 | 67.9 | 81.9 | 76.7 |
| Toileting | | | | | |
| Residents requiring some or total assistance in toileting. | | 30 | 56.6 | 68.9 | 63.4 |
| Transferring | | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | | 34 | 64.2 | 70.7 | 66.0 |
| Continence | | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | | 34 | 64.2 | 64.8 | 59.1 |
| | | | | | |
| Residents on individually written bowel and bladder retraining program. | | 4 | 7.5 | 7.1 | 6.1 |
| Eating | | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | | 17 | 32.1 | 35.1 | 29.3 |
| | | | | | |
| Completely bedfast residents. | | 1 | 1.9 | 4.2 | 3.6 |
| | | | | | |
| Residents confined to chairs. | | 29 | 54.7 | 42.6 | 39.1 |
| | | | | | |
| Residents requiring restraints. | | 0 | 0.0 | 23.6 | 31.7 |
| | | | | | |
| Confused or disoriented residents. | | 19 | 35.8 | 63.1 | 55.8 |
| | | | | | |
| Residents with bed sores. | | 2 | 3.8 | 4.6 | 4.7 |
| | | | | | |
| Residents receiving special skin care. | | 9 | 17.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE POTEAU NH

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1212 REYNOLDS | | POTEAU OK 74953 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 81 | PROPRIETARY | 12/09/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 58 | 0 | 51 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 44 | 75.9 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 45 | 77.6 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 36 | 62.1 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 37 | 63.8 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 38 | 65.5 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 4 | 6.9 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 24 | 41.4 | 35.1 | 29.3 |
| Completely bedfast residents. | 4 | 6.9 | 4.2 | 3.6 |
| Residents confined to chairs. | 24 | 41.4 | 42.6 | 39.1 |
| Residents requiring restraints. | 2 | 3.4 | 23.6 | 31.7 |
| Confused or disoriented residents. | 30 | 51.7 | 63.1 | 55.8 |
| Residents with bed sores. | 0 | 0.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 4 | 6.9 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE OAKS HEALTHCARE CENTER

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1501 CLAYTON STREET | | POTEAU OK 74953 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 144 | PROPRIETARY | 04/14/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 6 | 0 | 0 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 6 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 5 | 83.3 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 0 | 0.0 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 0 | 0.0 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 0 | 0.0 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 0 | 0.0 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 0 | 0.0 | 42.6 | 39.1 |
| Residents requiring restraints. | 0 | 0.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 0 | 0.0 | 63.1 | 55.8 |
| Residents with bed sores. | 0 | 0.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 0 | 0.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARKLAND MANOR

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1400 D AVE | | PRAGUE OK 74864 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 58 | PROPRIETARY | 06/18/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 52 | 0 | 43 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 50 | 96.2 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 52 | 100 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 40 | 76.9 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 39 | 75.0 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 40 | 76.9 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 14 | 26.9 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 25 | 48.1 | 35.1 | 29.3 |
| Completely bedfast residents. | 5 | 9.6 | 4.2 | 3.6 |
| Residents confined to chairs. | 32 | 61.5 | 42.6 | 39.1 |
| Residents requiring restraints. | 32 | 61.5 | 23.6 | 31.7 |
| Confused or disoriented residents. | 45 | 86.5 | 63.1 | 55.8 |
| Residents with bed sores. | 3 | 5.8 | 4.6 | 4.7 |
| Residents receiving special skin care. | 45 | 86.5 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
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| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

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|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLONIAL TERRACE CARE CTR INC

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1320 N E FIRST PLACE | | PRYOR OK 74361 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 75 | PROPRIETARY | 12/18/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 67 | 0 | 32 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 53 | 79.1 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 57 | 85.1 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 51 | 76.1 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 51 | 76.1 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 38 | 56.7 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 3.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 13 | 19.4 | 35.1 | 29.3 |
| Completely bedfast residents. | 2 | 3.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 29 | 43.3 | 42.6 | 39.1 |
| Residents requiring restraints. | 9 | 13.4 | 23.6 | 31.7 |
| Confused or disoriented residents. | 18 | 26.9 | 63.1 | 55.8 |
| Residents with bed sores. | 7 | 10.4 | 4.6 | 4.7 |
| Residents receiving special skin care. | 10 | 14.9 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GRAND VALLEY CARE CTR INC

| | | | |
|--|-------------------------|--|---------------------------------|
| Street Address: 201 N KENTUCKY | | City and State: PRYOR OK 74361 | |
| Participation: MEDICAID ICF | # of Beds: 65 | Type of Ownership: PROPRIETARY | Survey Date: 01/27/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|---------------------------------|----------------------------------|
| Total Residents on Day of Survey: 37 | Medicare Residents: 0 | Medicaid Residents: 31 |
|--|---------------------------------|----------------------------------|

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 27 | 73.0 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 31 | 83.8 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 24 | 64.9 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 23 | 62.2 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 22 | 59.5 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 9 | 24.3 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 14 | 37.8 | 35.1 | 29.3 |
| Completely bedfast residents. | 4 | 10.8 | 4.2 | 3.6 |
| Residents confined to chairs. | 13 | 35.1 | 42.6 | 39.1 |
| Residents requiring restraints. | 11 | 29.7 | 23.6 | 31.7 |
| Confused or disoriented residents. | 30 | 81.1 | 63.1 | 55.8 |
| Residents with bed sores. | 4 | 10.8 | 4.6 | 4.7 |
| Residents receiving special skin care. | 16 | 43.2 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHADY REST CARE CENTER INC

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 210 SOUTH ADAIR | | PRYOR OK 74351 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 65 | PROPRIETARY | 12/17/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | | |
|--|----------------------------|----------------------------|--|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | |
| 50 | 0 | 41 | | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 39 | 78.0 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 39 | 78.0 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 35 | 70.0 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 35 | 70.0 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 39 | 78.0 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 30 | 60.0 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 7 | 14.0 | 42.6 | 39.1 |
| Residents requiring restraints. | 19 | 38.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 43 | 86.0 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 2.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 36 | 72.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PURCELL NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 801 N SIXTH | | PURCELL OK 73080 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 105 | PROPRIETARY | 05/18/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 94 | 0 | 81 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 92 | 97.9 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 90 | 95.7 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 46 | 48.9 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 36 | 38.3 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 55 | 58.5 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 4 | 4.3 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 22 | 23.4 | 35.1 | 29.3 |
| Completely bedfast residents. | 2 | 2.1 | 4.2 | 3.6 |
| Residents confined to chairs. | 21 | 22.3 | 42.6 | 39.1 |
| Residents requiring restraints. | 10 | 10.6 | 23.6 | 31.7 |
| Confused or disoriented residents. | 35 | 37.2 | 63.1 | 55.8 |
| Residents with bed sores. | 4 | 4.3 | 4.6 | 4.7 |
| Residents receiving special skin care. | 12 | 12.8 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | NOT MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNSET ESTATES OF PURCELL, INC.

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 915 1015 N 7TH | | PURCELL OK 73080 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 69 | PROPRIETARY | 10/27/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 55 | 0 | 42 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 36 | 65.5 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 51 | 92.7 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 27 | 49.1 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 48 | 87.3 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 37 | 67.3 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 6 | 10.9 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 12 | 21.8 | 35.1 | 29.3 |
| Completely bedfast residents. | 1 | 1.8 | 4.2 | 3.6 |
| Residents confined to chairs. | 19 | 34.5 | 42.6 | 39.1 |
| Residents requiring restraints. | 18 | 32.7 | 23.6 | 31.7 |
| Confused or disoriented residents. | 50 | 90.9 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 1.8 | 4.6 | 4.7 |
| Residents receiving special skin care. | 15 | 27.3 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE QUAPAW NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 407 WHITEBIRD | | QUAPAW OK 74363 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 66 | PROPRIETARY | 03/02/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 52 | 0 | 40 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 33 | 63.5 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 51 | 98.1 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 40 | 76.9 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 50 | 96.2 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 37 | 71.2 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 3.8 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 14 | 26.9 | 35.1 | 29.3 |
| Completely bedfast residents. | 1 | 1.9 | 4.2 | 3.6 |
| Residents confined to chairs. | 24 | 46.2 | 42.6 | 39.1 |
| Residents requiring restraints. | 16 | 30.8 | 23.6 | 31.7 |
| Confused or disoriented residents. | 37 | 71.2 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 1.9 | 4.6 | 4.7 |
| Residents receiving special skin care. | 52 | 100 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE QUINTON NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1209 W MAIN | | QUINTON OK 74561 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 78 | PROPRIETARY | 05/19/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 57 | 0 | 48 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 57 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 51 | 89.5 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 38 | 66.7 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 38 | 66.7 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 38 | 66.7 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 9 | 15.8 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 20 | 35.1 | 42.6 | 39.1 |
| Residents requiring restraints. | 10 | 17.5 | 23.6 | 31.7 |
| Confused or disoriented residents. | 43 | 75.4 | 63.1 | 55.8 |
| Residents with bed sores. | 4 | 7.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 51 | 89.5 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--------------------------------|--|------|--------|------|
| | STATE | | NATION | |
| | # | % | # | % |
| MET | 0 | 0.0 | 65 | 1.2 |
| MET | 1 | 0.3 | 198 | 3.6 |
| MET | 0 | 0.0 | 79 | 1.4 |
| MET | 7 | 1.9 | 564 | 10.3 |
| MET | 36 | 9.7 | 798 | 14.6 |
| MET | 0 | 0.0 | 25 | 0.5 |
| MET | 0 | 0.0 | 89 | 1.6 |
| MET | 0 | 0.0 | 0 | 0.0 |
| MET | 0 | 0.0 | 25 | 0.5 |
| MET | 0 | 0.0 | 0 | 0.0 |
| MET | 14 | 3.8 | 335 | 6.1 |
| MET | 49 | 13.2 | 1187 | 21.7 |
| NOT MET | 46 | 12.4 | 679 | 12.4 |
| MET | 31 | 8.4 | 382 | 7.0 |
| NOT MET | 152 | 41.0 | 807 | 14.8 |
| MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RINGLING NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| SECOND AND H STREETS | | RINGLING OK 73456 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 50 | PROPRIETARY | 12/01/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 42 | 0 | 33 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 34 | 81.0 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 35 | 83.3 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 28 | 66.7 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 23 | 54.8 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 29 | 69.0 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 11 | 26.2 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 24 | 57.1 | 42.6 | 39.1 |
| Residents requiring restraints. | 15 | 35.7 | 23.6 | 31.7 |
| Confused or disoriented residents. | 24 | 57.1 | 63.1 | 55.8 |
| Residents with bed sores. | 3 | 7.1 | 4.6 | 4.7 |
| Residents receiving special skin care. | 10 | 23.8 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SEQUOYAH EAST NURSING CENTER

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| ROUTE 1 | | ROLAND OK 74954 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 60 | PROPRIETARY | 08/11/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 57 | 0 | 37 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 34 | 59.6 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 54 | 94.7 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 54 | 94.7 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 54 | 94.7 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 54 | 94.7 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 28 | 49.1 | 35.1 | 29.3 |
| Completely bedfast residents. | 6 | 10.5 | 4.2 | 3.6 |
| Residents confined to chairs. | 27 | 47.4 | 42.6 | 39.1 |
| Residents requiring restraints. | 0 | 0.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 56 | 98.2 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 1.8 | 4.6 | 4.7 |
| Residents receiving special skin care. | 2 | 3.5 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

RYAN NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 703 LEE STREET | | RYAN OK 73565 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 69 | PROPRIETARY | 04/21/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 63 | 0 | 40 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 45 | 71.4 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 45 | 71.4 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 54 | 85.7 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 46 | 73.0 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 54 | 85.7 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 35 | 55.6 | 35.1 | 29.3 |
| Completely bedfast residents. | 8 | 12.7 | 4.2 | 3.6 |
| Residents confined to chairs. | 13 | 20.6 | 42.6 | 39.1 |
| Residents requiring restraints. | 35 | 55.6 | 23.6 | 31.7 |
| Confused or disoriented residents. | 48 | 76.2 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 3.2 | 4.6 | 4.7 |
| Residents receiving special skin care. | 3 | 4.8 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
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| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARKHILL NORTH NH

| | | | |
|-----------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 319 NORTH OWEN WALTERS BLVD | | SALINA OK 74365 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 53 | PROPRIETARY | 07/22/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | | |
|--|----------------------------|----------------------------|--|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | |
| 52 | 0 | 37 | | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 48 | 92.3 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 43 | 82.7 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 31 | 59.6 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 37 | 71.2 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 29 | 55.8 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 16 | 30.8 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 36 | 69.2 | 42.6 | 39.1 |
| Residents requiring restraints. | 14 | 26.9 | 23.6 | 31.7 |
| Confused or disoriented residents. | 26 | 50.0 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 3.8 | 4.6 | 4.7 |
| Residents receiving special skin care. | 5 | 9.6 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SEQUOYAH MANOR

| | | | |
|---|--------------------------|---|---------------------------------|
| Street Address: 615 E REDWOOD | | City and State: SALLISAW OK 74955 | |
| Participation: MEDICAID ICF | # of Beds: 161 | Type of Ownership: PROPRIETARY | Survey Date: 05/07/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|---|---------------------------------|-----------------------------------|--|
| Total Residents on Day of Survey: 146 | Medicare Residents: 0 | Medicaid Residents: 112 | |
|---|---------------------------------|-----------------------------------|--|

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 118 | 80.8 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 124 | 84.9 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 114 | 78.1 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 114 | 78.1 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 128 | 87.7 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 25 | 17.1 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 50 | 34.2 | 35.1 | 29.3 |
| Completely bedfast residents. | 7 | 4.8 | 4.2 | 3.6 |
| Residents confined to chairs. | 52 | 35.6 | 42.6 | 39.1 |
| Residents requiring restraints. | 37 | 25.3 | 23.6 | 31.7 |
| Confused or disoriented residents. | 108 | 74.0 | 63.1 | 55.8 |
| Residents with bed sores. | 6 | 4.1 | 4.6 | 4.7 |
| Residents receiving special skin care. | 15 | 10.3 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAK DALE MANOR

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1025 N ADAMS | | SAND SPRINGS OK 74063 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 207 | PROPRIETARY | 01/20/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 183 | 0 | 147 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 174 | 95.1 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 168 | 91.8 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 168 | 91.8 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 152 | 83.1 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 162 | 88.5 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 0.5 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 88 | 48.1 | 35.1 | 29.3 |
| Completely bedfast residents. | 8 | 4.4 | 4.2 | 3.6 |
| Residents confined to chairs. | 80 | 43.7 | 42.6 | 39.1 |
| Residents requiring restraints. | 61 | 33.3 | 23.6 | 31.7 |
| Confused or disoriented residents. | 130 | 71.0 | 63.1 | 55.8 |
| Residents with bed sores. | 6 | 3.3 | 4.6 | 4.7 |
| Residents receiving special skin care. | 41 | 22.4 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTH SIDE NH

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 102 E LINE | | SAPULPA OK 74066 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 33 | PROPRIETARY | 03/24/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 24 | 0 | 18 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 22 | 91.7 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 19 | 79.2 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 19 | 79.2 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 19 | 79.2 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 22 | 91.7 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 8.3 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 6 | 25.0 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 15 | 62.5 | 42.6 | 39.1 |
| Residents requiring restraints. | 6 | 25.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 14 | 58.3 | 63.1 | 55.8 |
| Residents with bed sores. | 3 | 12.5 | 4.6 | 4.7 |
| Residents receiving special skin care. | 5 | 20.8 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | NOT MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PLEASANT MANOR

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 310 WEST TAFT | | SAPULPA OK 74066 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 142 | PROPRIETARY | 11/02/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 110 | 0 | 74 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 106 | 96.4 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 92 | 83.6 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 82 | 74.5 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 68 | 61.8 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 82 | 74.5 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 1.8 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 48 | 43.6 | 35.1 | 29.3 |
| Completely bedfast residents. | 11 | 10.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 36 | 32.7 | 42.6 | 39.1 |
| Residents requiring restraints. | 27 | 24.5 | 23.6 | 31.7 |
| Confused or disoriented residents. | 108 | 98.2 | 63.1 | 55.8 |
| Residents with bed sores. | 0 | 0.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 10 | 9.1 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RANCH TERRACE NURSING HOME INC

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1310 EAST CLEVELAND | | SAPULPA OK 74066 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 85 | PROPRIETARY | 05/27/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 81 | 0 | 49 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 67 | 82.7 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 73 | 90.1 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 50 | 61.7 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 72 | 88.9 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 50 | 61.7 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 18 | 22.2 | 35.1 | 29.3 |
| Completely bedfast residents. | 5 | 6.2 | 4.2 | 3.6 |
| Residents confined to chairs. | 18 | 22.2 | 42.6 | 39.1 |
| Residents requiring restraints. | 20 | 24.7 | 23.6 | 31.7 |
| Confused or disoriented residents. | 59 | 72.8 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 2.5 | 4.6 | 4.7 |
| Residents receiving special skin care. | 8 | 9.9 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SAPULPA NURSING CENTER

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1701 SOUTH MAIN | | SAPULPA OK 74066 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 57 | PROPRIETARY | 07/15/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 51 | 0 | 44 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 48 | 94.1 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 36 | 70.6 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 36 | 70.6 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 41 | 80.4 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 23 | 45.1 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 28 | 54.9 | 35.1 | 29.3 |
| Completely bedfast residents. | 8 | 15.7 | 4.2 | 3.6 |
| Residents confined to chairs. | 16 | 31.4 | 42.6 | 39.1 |
| Residents requiring restraints. | 10 | 19.6 | 23.6 | 31.7 |
| Confused or disoriented residents. | 12 | 23.5 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 3.9 | 4.6 | 4.7 |
| Residents receiving special skin care. | 51 | 100 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HENSLEY NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| BOX 465 | | SAYRE OK 73662 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 67 | PROPRIETARY | 11/23/87 |

SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | | Medicaid Residents: | |
|---|---------------------|------|---------------------|--------|
| 51 | 0 | | 42 | |
| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 50 | 98.0 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 51 | 100 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 50 | 98.0 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 31 | 60.8 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 26 | 51.0 | 64.8 | 59.1 |
| | | | | |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 10 | 19.6 | 35.1 | 29.3 |
| | | | | |
| Completely bedfast residents. | 1 | 2.0 | 4.2 | 3.6 |
| | | | | |
| Residents confined to chairs. | 12 | 23.5 | 42.6 | 39.1 |
| | | | | |
| Residents requiring restraints. | 16 | 31.4 | 23.6 | 31.7 |
| | | | | |
| Confused or disoriented residents. | 50 | 98.0 | 63.1 | 55.8 |
| | | | | |
| Residents with bed sores. | 0 | 0.0 | 4.6 | 4.7 |
| | | | | |
| Residents receiving special skin care. | 1 | 2.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TOWN HALL ESTATES NURSING CTR

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 501 E GRAND | | SAYRE OK 73662 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 101 | NON-PROFIT PRIVATE | 01/21/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 82 | 0 | 37 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 40 | 48.8 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 55 | 67.1 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 45 | 54.9 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 82 | 100 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 45 | 54.9 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 25 | 30.5 | 35.1 | 29.3 |
| Completely bedfast residents. | 7 | 8.5 | 4.2 | 3.6 |
| Residents confined to chairs. | 40 | 48.8 | 42.6 | 39.1 |
| Residents requiring restraints. | 19 | 23.2 | 23.6 | 31.7 |
| Confused or disoriented residents. | 40 | 48.8 | 63.1 | 55.8 |
| Residents with bed sores. | 4 | 4.9 | 4.6 | 4.7 |
| Residents receiving special skin care. | 8 | 9.8 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SEILING NURSING CENTER

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| HIGHWAY 60 NORTH | | SEILING OK 73663 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 31 | NON-PROFIT PRIVATE | 09/15/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 27 | 0 | 6 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| FACILITY | | STATE | NATION |
|----------|---|-------|--------|
| # | % | % | % |

Bathing

Residents requiring some or total assistance in bathing.

27 100 84.1 78.3

Dressing

Residents requiring some or total assistance in dressing.

25 92.6 81.9 76.7

Toileting

Residents requiring some or total assistance in toileting.

23 85.2 68.9 63.4

Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

23 85.2 70.7 66.0

Continence

Residents with catheters or partial or total loss of bowel or bladder control.

23 85.2 64.8 59.1

Residents on individually written bowel and bladder retraining program.

1 3.7 7.1 6.1

Eating

Residents receiving tube feedings or requiring assistance with eating.

12 44.4 35.1 29.3

Completely bedfast residents.

3 11.1 4.2 3.6

Residents confined to chairs.

17 63.0 42.6 39.1

Residents requiring restraints.

3 11.1 23.6 31.7

Confused or disoriented residents.

27 100 63.1 55.8

Residents with bed sores.

0 0.0 4.6 4.7

Residents receiving special skin care.

1 3.7 27.3 24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

SEMINOLE ESTATES NURSING CENTER, INC.

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1200 HIGHWAY 9, EAST | | SEMINOLE OK 74868 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 60 | PROPRIETARY | 04/14/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 15 | 0 | 0 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 13 | 86.7 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 13 | 86.7 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 11 | 73.3 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 12 | 80.0 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 4 | 26.7 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 14 | 93.3 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 12 | 80.0 | 42.6 | 39.1 |
| Residents requiring restraints. | 1 | 6.7 | 23.6 | 31.7 |
| Confused or disoriented residents. | 15 | 100 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 6.7 | 4.6 | 4.7 |
| Residents receiving special skin care. | 3 | 20.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SEMINOLE PIONEER NURSING HOME INC

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1705 STATE ST | | SEMINOLE OK 74868 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 146 | PROPRIETARY | 09/01/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 139 | 0 | 97 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 131 | 94.2 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 128 | 92.1 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 91 | 65.5 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 85 | 61.2 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 110 | 79.1 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 81 | 58.3 | 35.1 | 29.3 |
| Completely bedfast residents. | 9 | 6.5 | 4.2 | 3.6 |
| Residents confined to chairs. | 80 | 57.6 | 42.6 | 39.1 |
| Residents requiring restraints. | 0 | 0.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 102 | 73.4 | 63.1 | 55.8 |
| Residents with bed sores. | 10 | 7.2 | 4.6 | 4.7 |
| Residents receiving special skin care. | 23 | 16.5 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SENTINEL NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 221 SOUTH 7TH | | SENTINEL OK 73664 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 25 | PROPRIETARY | 05/21/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | | |
|--|----------------------------|----------------------------|--|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | |
| 21 | 0 | 13 | | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 21 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 15 | 71.4 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 16 | 76.2 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 12 | 57.1 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 11 | 52.4 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 13 | 61.9 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 1 | 4.8 | 42.6 | 39.1 |
| Residents requiring restraints. | 3 | 14.3 | 23.6 | 31.7 |
| Confused or disoriented residents. | 11 | 52.4 | 63.1 | 55.8 |
| Residents with bed sores. | 0 | 0.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 0 | 0.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CONVALESCENT CENTER OF SHATTUCK

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 201 N ALFALFA BOX 189 | | SHATTUCK OK 73858 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 60 | PROPRIETARY | 09/02/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | | |
|--|----------------------------|----------------------------|--------------|---------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | |
| 54 | 0 | 35 | | |
| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | | FACILITY | STATE | NATION |
| | | # | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | | 46 | 85.2 | 84.1 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | | 38 | 70.4 | 81.9 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | | 29 | 53.7 | 68.9 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | | 32 | 59.3 | 70.7 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | | 24 | 44.4 | 64.8 |
| Residents on individually written bowel and bladder retraining program. | | 0 | 0.0 | 7.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | | 7 | 13.0 | 35.1 |
| Completely bedfast residents. | | 4 | 7.4 | 4.2 |
| Residents confined to chairs. | | 29 | 53.7 | 42.6 |
| Residents requiring restraints. | | 15 | 27.8 | 23.6 |
| Confused or disoriented residents. | | 29 | 53.7 | 63.1 |
| Residents with bed sores. | | 3 | 5.6 | 4.6 |
| Residents receiving special skin care. | | 17 | 31.5 | 27.3 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEWMAN MEMORIAL HOSPITAL SNF

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 905-919 SOUTH MAIN | | SHATTUCK OK 73858 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICARE SNF | 114 | NON-PROFIT PRIVATE | 04/05/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 11 | 11 | 0 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 11 | 100 | 86.8 | 81.5 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 9 | 81.8 | 89.7 | 83.2 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 9 | 81.8 | 88.4 | 73.8 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 9 | 81.8 | 89.7 | 77.2 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 9 | 81.8 | 72.0 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.0 | 4.6 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 3 | 27.3 | 49.9 | 37.7 |
| Completely bedfast residents. | 1 | 9.1 | 10.0 | 3.4 |
| Residents confined to chairs. | 3 | 27.3 | 47.0 | 50.8 |
| Residents requiring restraints. | 1 | 9.1 | 14.0 | 41.3 |
| Confused or disoriented residents. | 3 | 27.3 | 54.9 | 58.4 |
| Residents with bed sores. | 1 | 9.1 | 10.3 | 7.1 |
| Residents receiving special skin care. | 0 | 0.0 | 45.6 | 31.2 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 4.5 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 0 | 0.0 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 2 | 9.1 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 0 | 0.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 0 | 0.0 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 0 | 0.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 1 | 4.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 3 | 13.6 | 1665 | 17.6 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.5 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.1 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 15 | 68.2 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 1 | 4.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 0 | 0.0 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 1 | 4.5 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 0 | 0.0 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 2 | 9.1 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 1 | 4.5 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 1 | 4.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 6 | 27.3 | 4050 | 42.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE INDEPENDENCE MANOR

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 909 E INDEPENDENCE ST | | SHAWNEE OK 74801 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 100 | PROPRIETARY | 03/01/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 69 | 0 | 58 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 42 | 60.9 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 62 | 89.9 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 51 | 73.9 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 51 | 73.9 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 59 | 85.5 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 12 | 17.4 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 24 | 34.8 | 35.1 | 29.3 |
| Completely bedfast residents. | 7 | 10.1 | 4.2 | 3.6 |
| Residents confined to chairs. | 18 | 26.1 | 42.6 | 39.1 |
| Residents requiring restraints. | 0 | 0.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 69 | 100 | 63.1 | 55.8 |
| Residents with bed sores. | 0 | 0.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 2 | 2.9 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARKVIEW NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1100 E EDWARDS | | SHAWNEE OK 74801 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 78 | PROPRIETARY | 09/02/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 72 | 0 | 56 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 72 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 68 | 94.4 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 69 | 95.8 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 58 | 80.6 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 60 | 83.3 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 36 | 50.0 | 35.1 | 29.3 |
| Completely bedfast residents. | 5 | 6.9 | 4.2 | 3.6 |
| Residents confined to chairs. | 47 | 65.3 | 42.6 | 39.1 |
| Residents requiring restraints. | 0 | 0.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 63 | 87.5 | 63.1 | 55.8 |
| Residents with bed sores. | 5 | 6.9 | 4.6 | 4.7 |
| Residents receiving special skin care. | 12 | 16.7 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHAWNEE CARE CENTER

| | | | |
|--|--------------------------|--|---------------------------------|
| Street Address: 1202 W GILMORE | | City and State: SHAWNEE OK 74801 | |
| Participation: MEDICAID ICF | # of Beds: 114 | Type of Ownership: PROPRIETARY | Survey Date: 02/26/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---------------------------------|----------------------------------|
| Total Residents on Day of Survey: 101 | Medicare Residents: 0 | Medicaid Residents: 78 |
|---|---------------------------------|----------------------------------|

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| FACILITY | | STATE | NATION |
|----------|---|-------|--------|
| # | % | % | % |

| | | | | |
|--|----|------|------|------|
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 91 | 90.1 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 73 | 72.3 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 65 | 64.4 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 64 | 63.4 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 65 | 64.4 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 21 | 20.8 | 35.1 | 29.3 |
| Completely bedfast residents. | 12 | 11.9 | 4.2 | 3.6 |
| Residents confined to chairs. | 50 | 49.5 | 42.6 | 39.1 |
| Residents requiring restraints. | 30 | 29.7 | 23.6 | 31.7 |
| Confused or disoriented residents. | 45 | 44.6 | 63.1 | 55.8 |
| Residents with bed sores. | 6 | 5.9 | 4.6 | 4.7 |
| Residents receiving special skin care. | 2 | 2.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHAWNEE COLONIAL ESTATES

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 535 WEST FEDERAL | | SHAWNEE OK 74801 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 160 | PROPRIETARY | 03/16/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 157 | 0 | 89 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 152 | 96.8 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 152 | 96.8 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 122 | 77.7 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 129 | 82.2 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 122 | 77.7 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 17 | 10.8 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 41 | 26.1 | 35.1 | 29.3 |
| Completely bedfast residents. | 11 | 7.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 0 | 0.0 | 42.6 | 39.1 |
| Residents requiring restraints. | 89 | 56.7 | 23.6 | 31.7 |
| Confused or disoriented residents. | 127 | 80.9 | 63.1 | 55.8 |
| Residents with bed sores. | 6 | 3.8 | 4.6 | 4.7 |
| Residents receiving special skin care. | 80 | 51.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHAWNEE SUNSET ESTATES

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1402 E INDEPENDENCE ST | | SHAWNEE OK 74801 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 72 | PROPRIETARY | 09/11/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 71 | 0 | 33 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 38 | 53.5 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 57 | 80.3 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 57 | 80.3 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 57 | 80.3 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 32 | 45.1 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 15 | 21.1 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 18 | 25.4 | 35.1 | 29.3 |
| Completely bedfast residents. | 1 | 1.4 | 4.2 | 3.6 |
| Residents confined to chairs. | 53 | 74.6 | 42.6 | 39.1 |
| Residents requiring restraints. | 15 | 21.1 | 23.6 | 31.7 |
| Confused or disoriented residents. | 42 | 59.2 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 2.8 | 4.6 | 4.7 |
| Residents receiving special skin care. | 10 | 14.1 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SKIATOOK NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 318 S CHERRY | | SKIATOOK OK 74070 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 70 | PROPRIETARY | 10/28/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 50 | 0 | 39 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 39 | 78.0 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 40 | 80.0 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 34 | 68.0 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 30 | 60.0 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 24 | 48.0 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 6 | 12.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 20 | 40.0 | 35.1 | 29.3 |
| Completely bedfast residents. | 1 | 2.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 19 | 38.0 | 42.6 | 39.1 |
| Residents requiring restraints. | 17 | 34.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 37 | 74.0 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 2.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 4 | 8.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AYERS NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 801 B ST | | SNYDER OK 73566 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 87 | PROPRIETARY | 01/21/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 75 | 0 | 61 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 73 | 97.3 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 75 | 100 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 43 | 57.3 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 60 | 80.0 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 49 | 65.3 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 23 | 30.7 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 29 | 38.7 | 42.6 | 39.1 |
| Residents requiring restraints. | 14 | 18.7 | 23.6 | 31.7 |
| Confused or disoriented residents. | 57 | 76.0 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 2.7 | 4.6 | 4.7 |
| Residents receiving special skin care. | 9 | 12.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SPIRO NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 401 S MAIN | | SPIRO OK 74959 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 95 | PROPRIETARY | 10/21/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 95 | 0 | 78 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 82 | 86.3 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 73 | 76.8 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 73 | 76.8 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 64 | 67.4 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 63 | 66.3 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 9 | 9.5 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 33 | 34.7 | 35.1 | 29.3 |
| Completely bedfast residents. | 10 | 10.5 | 4.2 | 3.6 |
| Residents confined to chairs. | 54 | 56.8 | 42.6 | 39.1 |
| Residents requiring restraints. | 27 | 28.4 | 23.6 | 31.7 |
| Confused or disoriented residents. | 45 | 47.4 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 2.1 | 4.6 | 4.7 |
| Residents receiving special skin care. | 2 | 2.1 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

STIGLER NURSING HOME-ICF

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 114 NE 3RD ST | | STIGLER OK 74462 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 100 | PROPRIETARY | 04/21/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 91 | 0 | 69 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 79 | 86.8 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 79 | 86.8 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 44 | 48.4 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 43 | 47.3 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 44 | 48.4 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 23 | 25.3 | 35.1 | 29.3 |
| Completely bedfast residents. | 2 | 2.2 | 4.2 | 3.6 |
| Residents confined to chairs. | 44 | 48.4 | 42.6 | 39.1 |
| Residents requiring restraints. | 30 | 33.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 48 | 52.7 | 63.1 | 55.8 |
| Residents with bed sores. | 9 | 9.9 | 4.6 | 4.7 |
| Residents receiving special skin care. | 9 | 9.9 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STILLWATER NH INC

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1215 W 10TH | | STILLWATER OK 74074 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 112 | PROPRIETARY | 08/28/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | | |
|--|----------------------------|----------------------------|--|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | |
| 95 | 0 | 53 | | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 65 | 68.4 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 68 | 71.6 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 64 | 67.4 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 63 | 66.3 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 63 | 66.3 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 40 | 42.1 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 32 | 33.7 | 35.1 | 29.3 |
| Completely bedfast residents. | 6 | 6.3 | 4.2 | 3.6 |
| Residents confined to chairs. | 36 | 37.9 | 42.6 | 39.1 |
| Residents requiring restraints. | 22 | 23.2 | 23.6 | 31.7 |
| Confused or disoriented residents. | 80 | 84.2 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 2.1 | 4.6 | 4.7 |
| Residents receiving special skin care. | 22 | 23.2 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STILLWATER ROSEWOOD NH INC

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1601 S MAIN | | STILLWATER OK 74074 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 104 | PROPRIETARY | 07/29/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 83 | 0 | 43 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 55 | 66.3 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 53 | 63.9 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 43 | 51.8 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 42 | 50.6 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 40 | 48.2 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 15 | 18.1 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 26 | 31.3 | 42.6 | 39.1 |
| Residents requiring restraints. | 0 | 0.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 46 | 55.4 | 63.1 | 55.8 |
| Residents with bed sores. | 4 | 4.8 | 4.6 | 4.7 |
| Residents receiving special skin care. | 14 | 16.9 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESTHAVEN NURSING HOME INC

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1215 SOUTH WESTERN | | STILLWATER OK 74074 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 125 | PROPRIETARY | 12/30/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 100 | 0 | 40 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 40 | 40.0 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 100 | 100 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 63 | 63.0 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 53 | 53.0 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 57 | 57.0 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 13 | 13.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 34 | 34.0 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 52 | 52.0 | 42.6 | 39.1 |
| Residents requiring restraints. | 30 | 30.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 54 | 54.0 | 63.1 | 55.8 |
| Residents with bed sores. | 3 | 3.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 17 | 17.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STILWELL NURSING HOME

| | | | |
|--|--------------------------|---|---------------------------------|
| Street Address: 422 W LOCUST | | City and State: STILWELL OK 74960 | |
| Participation: MEDICAID ICF | # of Beds: 104 | Type of Ownership: PROPRIETARY | Survey Date: 10/07/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|---------------------------------|----------------------------------|--|
| Total Residents on Day of Survey: 98 | Medicare Residents: 0 | Medicaid Residents: 79 | |
|--|---------------------------------|----------------------------------|--|

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 98 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 85 | 86.7 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 85 | 86.7 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 85 | 86.7 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 85 | 86.7 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 6 | 6.1 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 34 | 34.7 | 35.1 | 29.3 |
| Completely bedfast residents. | 11 | 11.2 | 4.2 | 3.6 |
| Residents confined to chairs. | 36 | 36.7 | 42.6 | 39.1 |
| Residents requiring restraints. | 18 | 18.4 | 23.6 | 31.7 |
| Confused or disoriented residents. | 35 | 35.7 | 63.1 | 55.8 |
| Residents with bed sores. | 0 | 0.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 98 | 100 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STONEGATE NURSING CENTER

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 6TH AND COLLINS | | STONEWALL OK 74871 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 53 | PROPRIETARY | 08/12/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 45 | 0 | 39 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 43 | 95.6 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 34 | 75.6 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 17 | 37.8 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 9 | 20.0 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 8 | 17.8 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 13 | 28.9 | 35.1 | 29.3 |
| Completely bedfast residents. | 1 | 2.2 | 4.2 | 3.6 |
| Residents confined to chairs. | 7 | 15.6 | 42.6 | 39.1 |
| Residents requiring restraints. | 5 | 11.1 | 23.6 | 31.7 |
| Confused or disoriented residents. | 42 | 93.3 | 63.1 | 55.8 |
| Residents with bed sores. | 0 | 0.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 3 | 6.7 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STRATFORD NURSING CENTER

| | | | |
|------------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| SMITH AND COTTONWOOD STREETS | | STRATFORD OK 74872 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 106 | PROPRIETARY | 06/23/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 84 | 0 | 56 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 24 | 28.6 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 74 | 88.1 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 34 | 40.5 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 74 | 88.1 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 44 | 52.4 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 8 | 9.5 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 46 | 54.8 | 35.1 | 29.3 |
| Completely bedfast residents. | 2 | 2.4 | 4.2 | 3.6 |
| Residents confined to chairs. | 8 | 9.5 | 42.6 | 39.1 |
| Residents requiring restraints. | 15 | 17.9 | 23.6 | 31.7 |
| Confused or disoriented residents. | 30 | 35.7 | 63.1 | 55.8 |
| Residents with bed sores. | 4 | 4.8 | 4.6 | 4.7 |
| Residents receiving special skin care. | 8 | 9.5 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
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| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

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|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | NOT MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STROUD HEALTH CARE CENTER

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 416 NORTH 7TH | | STROUD OK 74079 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 50 | PROPRIETARY | 06/09/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 48 | 0 | 30 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 48 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 48 | 100 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 48 | 100 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 48 | 100 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 48 | 100 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 4 | 8.3 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 28 | 58.3 | 35.1 | 29.3 |
| Completely bedfast residents. | 12 | 25.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 15 | 31.3 | 42.6 | 39.1 |
| Residents requiring restraints. | 0 | 0.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 48 | 100 | 63.1 | 55.8 |
| Residents with bed sores. | 0 | 0.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 11 | 22.9 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STROUD SHAMROCK CARE CENTER

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 721 WEST OLIVE | | STROUD OK 74079 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 58 | PROPRIETARY | 08/11/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 47 | 0 | 39 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 46 | 97.9 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 27 | 57.4 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 19 | 40.4 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 24 | 51.1 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 25 | 53.2 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 19 | 40.4 | 35.1 | 29.3 |
| Completely bedfast residents. | 2 | 4.3 | 4.2 | 3.6 |
| Residents confined to chairs. | 23 | 48.9 | 42.6 | 39.1 |
| Residents requiring restraints. | 6 | 12.8 | 23.6 | 31.7 |
| Confused or disoriented residents. | 37 | 78.7 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 2.1 | 4.6 | 4.7 |
| Residents receiving special skin care. | 4 | 8.5 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ARTESIAN HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1415 W 15TH ST | | SULPHUR OK 73086 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 62 | PROPRIETARY | 08/26/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 62 | 0 | 39 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 62 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 55 | 88.7 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 34 | 54.8 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 62 | 100 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 34 | 54.8 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 16 | 25.8 | 35.1 | 29.3 |
| Completely bedfast residents. | 1 | 1.6 | 4.2 | 3.6 |
| Residents confined to chairs. | 26 | 41.9 | 42.6 | 39.1 |
| Residents requiring restraints. | 16 | 25.8 | 23.6 | 31.7 |
| Confused or disoriented residents. | 35 | 56.5 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 1.6 | 4.6 | 4.7 |
| Residents receiving special skin care. | 23 | 37.1 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CALLAWAY NURSING HOME

| | | | |
|--|-----------------------------|--|-------------------------------------|
| Street Address: 1300 W LINDSAY | | City and State: SULPHUR OK 73086 | |
| Participation: MEDICAID ICF | # of Beds: 86 | Type of Ownership: PROPRIETARY | Survey Date: 12/03/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|-------------------------------------|--------------------------------------|
| Total Residents on Day of Survey: 72 | Medicare Residents: 0 | Medicaid Residents: 45 |
|--|-------------------------------------|--------------------------------------|

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 72 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 47 | 65.3 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 47 | 65.3 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 72 | 100 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 47 | 65.3 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 10 | 13.9 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 14 | 19.4 | 35.1 | 29.3 |
| Completely bedfast residents. | 3 | 4.2 | 4.2 | 3.6 |
| Residents confined to chairs. | 20 | 27.8 | 42.6 | 39.1 |
| Residents requiring restraints. | 0 | 0.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 50 | 69.4 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 2.8 | 4.6 | 4.7 |
| Residents receiving special skin care. | 4 | 5.6 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DAVIS NURSING HOME INC

| | | | |
|--------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1201 NORTH VINITA AVENUE | | TAHLEQUAH OK 74464 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 139 | PROPRIETARY | 10/21/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 103 | 0 | 73 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 94 | 91.3 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 98 | 95.1 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 68 | 66.0 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 66 | 64.1 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 79 | 76.7 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 1.9 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 52 | 50.5 | 35.1 | 29.3 |
| Completely bedfast residents. | 9 | 8.7 | 4.2 | 3.6 |
| Residents confined to chairs. | 41 | 39.8 | 42.6 | 39.1 |
| Residents requiring restraints. | 24 | 23.3 | 23.6 | 31.7 |
| Confused or disoriented residents. | 26 | 25.2 | 63.1 | 55.8 |
| Residents with bed sores. | 4 | 3.9 | 4.6 | 4.7 |
| Residents receiving special skin care. | 66 | 64.1 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TAHLEQUAH NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 614 EAST CHERRY | | TAHLEQUAH OK 74464 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 125 | PROPRIETARY | 08/13/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 116 | 0 | 80 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 116 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 101 | 87.1 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 96 | 82.8 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 86 | 74.1 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 96 | 82.8 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 1.7 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 50 | 43.1 | 35.1 | 29.3 |
| Completely bedfast residents. | 18 | 15.5 | 4.2 | 3.6 |
| Residents confined to chairs. | 84 | 72.4 | 42.6 | 39.1 |
| Residents requiring restraints. | 0 | 0.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 116 | 100 | 63.1 | 55.8 |
| Residents with bed sores. | 5 | 4.3 | 4.6 | 4.7 |
| Residents receiving special skin care. | 58 | 50.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WARD MANOR INC

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 124 E CHICKASAW | | TAHLEQUAH OK 74464 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 45 | NON-PROFIT OTHER | 04/12/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 43 | 0 | 39 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 37 | 86.0 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 37 | 86.0 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 28 | 65.1 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 38 | 88.4 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 31 | 72.1 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 4.7 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 18 | 41.9 | 35.1 | 29.3 |
| Completely bedfast residents. | 2 | 4.7 | 4.2 | 3.6 |
| Residents confined to chairs. | 22 | 51.2 | 42.6 | 39.1 |
| Residents requiring restraints. | 14 | 32.6 | 23.6 | 31.7 |
| Confused or disoriented residents. | 13 | 30.2 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 2.3 | 4.6 | 4.7 |
| Residents receiving special skin care. | 5 | 11.6 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TALIHINA MANOR NH

| | | | |
|--------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| FIRST AND THOMAS STREETS | | TALIHINA OK 74571 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 69 | PROPRIETARY | 05/18/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 54 | 0 | 53 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 49 | 90.7 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 49 | 90.7 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 44 | 81.5 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 44 | 81.5 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 44 | 81.5 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 3 | 5.6 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 29 | 53.7 | 35.1 | 29.3 |
| Completely bedfast residents. | 2 | 3.7 | 4.2 | 3.6 |
| Residents confined to chairs. | 40 | 74.1 | 42.6 | 39.1 |
| Residents requiring restraints. | 39 | 72.2 | 23.6 | 31.7 |
| Confused or disoriented residents. | 52 | 96.3 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 3.7 | 4.6 | 4.7 |
| Residents receiving special skin care. | 40 | 74.1 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNSET ESTATES

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 201 W WALNUT | | TECUMSEH OK 74873 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 100 | PROPRIETARY | 12/10/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 95 | 0 | 64 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 95 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 95 | 100 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 88 | 92.6 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 95 | 100 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 70 | 73.7 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 8 | 8.4 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 48 | 50.5 | 35.1 | 29.3 |
| Completely bedfast residents. | 5 | 5.3 | 4.2 | 3.6 |
| Residents confined to chairs. | 80 | 84.2 | 42.6 | 39.1 |
| Residents requiring restraints. | 20 | 21.1 | 23.6 | 31.7 |
| Confused or disoriented residents. | 62 | 65.3 | 63.1 | 55.8 |
| Residents with bed sores. | 0 | 0.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 95 | 100 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TEMPLE MANOR NH

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 100 W GREEN | | TEMPLE OK 73568 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 48 | PROPRIETARY | 06/01/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 45 | 0 | 28 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 30 | 66.7 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 42 | 93.3 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 38 | 84.4 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 38 | 84.4 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 33 | 73.3 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 22 | 48.9 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 15 | 33.3 | 42.6 | 39.1 |
| Residents requiring restraints. | 22 | 48.9 | 23.6 | 31.7 |
| Confused or disoriented residents. | 43 | 95.6 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 2.2 | 4.6 | 4.7 |
| Residents receiving special skin care. | 0 | 0.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
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| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
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SELECTED PERFORMANCE INDICATORS

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| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THOMAS NURSING CENTER

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 601 EAST FRISCO | | THOMAS OK 73669 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 60 | NON-PROFIT PRIVATE | 01/28/88 |

SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | | Medicare Residents: | | Medicaid Residents: | |
|--|--|----------------------------|----------|----------------------------|---------------|
| 54 | | 0 | | 37 | |
| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | | FACILITY | | STATE | NATION |
| | | # | % | % | % |
| Bathing | | | | | |
| Residents requiring some or total assistance in bathing. | | 43 | 79.6 | 84.1 | 78.3 |
| Dressing | | | | | |
| Residents requiring some or total assistance in dressing. | | 43 | 79.6 | 81.9 | 76.7 |
| Toileting | | | | | |
| Residents requiring some or total assistance in toileting. | | 40 | 74.1 | 68.9 | 63.4 |
| Transferring | | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | | 39 | 72.2 | 70.7 | 66.0 |
| Continence | | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | | 31 | 57.4 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | | 20 | 37.0 | 7.1 | 6.1 |
| Eating | | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | | 7 | 13.0 | 35.1 | 29.3 |
| Completely bedfast residents. | | 1 | 1.9 | 4.2 | 3.6 |
| Residents confined to chairs. | | 13 | 24.1 | 42.6 | 39.1 |
| Residents requiring restraints. | | 12 | 22.2 | 23.6 | 31.7 |
| Confused or disoriented residents. | | 39 | 72.2 | 63.1 | 55.8 |
| Residents with bed sores. | | 0 | 0.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | | 9 | 16.7 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLCREST NH

| | | | |
|---------------------------------------|-------------------------|---|---------------------------------|
| Street Address: 1200 E MAIN | | City and State: TISHOMINGO OK 73460 | |
| Participation: MEDICAID ICF | # of Beds: 50 | Type of Ownership: PROPRIETARY | Survey Date: 05/11/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|---------------------------------|----------------------------------|--|
| Total Residents on Day of Survey: 49 | Medicare Residents: 0 | Medicaid Residents: 39 | |
|--|---------------------------------|----------------------------------|--|

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 49 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 37 | 75.5 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 32 | 65.3 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 49 | 100 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 30 | 61.2 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 4 | 8.2 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 16 | 32.7 | 35.1 | 29.3 |
| Completely bedfast residents. | 1 | 2.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 19 | 38.8 | 42.6 | 39.1 |
| Residents requiring restraints. | 10 | 20.4 | 23.6 | 31.7 |
| Confused or disoriented residents. | 9 | 18.4 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 2.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 4 | 8.2 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAWNVIEW NURSING CTR

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 607 SOUTH BYRD | | TISHOMINGO OK 73460 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 60 | PROPRIETARY | 03/24/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 49 | 0 | 38 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 49 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 43 | 87.8 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 38 | 77.6 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 38 | 77.6 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 30 | 61.2 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 25 | 51.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 30 | 61.2 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 26 | 53.1 | 42.6 | 39.1 |
| Residents requiring restraints. | 12 | 24.5 | 23.6 | 31.7 |
| Confused or disoriented residents. | 30 | 61.2 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 4.1 | 4.6 | 4.7 |
| Residents receiving special skin care. | 48 | 98.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WILLOW HAVEN

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1301 N 5TH | | TONKAWA OK 74653 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 49 | PROPRIETARY | 07/23/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 37 | 0 | 19 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 36 | 97.3 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 27 | 73.0 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 27 | 73.0 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 23 | 62.2 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 31 | 83.8 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 9 | 24.3 | 35.1 | 29.3 |
| Completely bedfast residents. | 1 | 2.7 | 4.2 | 3.6 |
| Residents confined to chairs. | 16 | 43.2 | 42.6 | 39.1 |
| Residents requiring restraints. | 14 | 37.8 | 23.6 | 31.7 |
| Confused or disoriented residents. | 26 | 70.3 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 2.7 | 4.6 | 4.7 |
| Residents receiving special skin care. | 4 | 10.8 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AMBASSADOR MANOR NURSING CENTER INC

| | | | |
|---|--------------------------|--|---------------------------------|
| Street Address: 1340 EAST 61ST STREET | | City and State: TULSA OK 74136 | |
| Participation: MEDICAID ICF | # of Beds: 142 | Type of Ownership: PROPRIETARY | Survey Date: 10/28/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|---|---------------------------------|----------------------------------|--|
| Total Residents on Day of Survey: 116 | Medicare Residents: 0 | Medicaid Residents: 12 | |
|---|---------------------------------|----------------------------------|--|

| | | | | |
|--|-----------------|----------|--------------|---------------|
| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
| | # | % | % | % |

| | | | | |
|--|----|------|------|------|
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 86 | 74.1 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 50 | 43.1 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 82 | 70.7 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 82 | 70.7 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 82 | 70.7 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 38 | 32.8 | 35.1 | 29.3 |
| Completely bedfast residents. | 4 | 3.4 | 4.2 | 3.6 |
| Residents confined to chairs. | 57 | 49.1 | 42.6 | 39.1 |
| Residents requiring restraints. | 47 | 40.5 | 23.6 | 31.7 |
| Confused or disoriented residents. | 77 | 66.4 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 0.9 | 4.6 | 4.7 |
| Residents receiving special skin care. | 7 | 6.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHAMOR NURSING CTR

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 2550 E 36TH ST N | | TULSA OK 74110 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 120 | PROPRIETARY | 03/29/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 98 | 0 | 97 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 68 | 69.4 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 89 | 90.8 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 89 | 90.8 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 89 | 90.8 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 57 | 58.2 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 3 | 3.1 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 22 | 22.4 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 34 | 34.7 | 42.6 | 39.1 |
| Residents requiring restraints. | 34 | 34.7 | 23.6 | 31.7 |
| Confused or disoriented residents. | 68 | 69.4 | 63.1 | 55.8 |
| Residents with bed sores. | 7 | 7.1 | 4.6 | 4.7 |
| Residents receiving special skin care. | 34 | 34.7 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 5 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLONIAL MANOR NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1815 E SKELLY DR | | TULSA OK 74105 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 120 | PROPRIETARY | 12/03/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 114 | 0 | 56 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 102 | 89.5 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 104 | 91.2 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 104 | 91.2 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 94 | 82.5 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 74 | 64.9 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 13 | 11.4 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 22 | 19.3 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 64 | 56.1 | 42.6 | 39.1 |
| Residents requiring restraints. | 25 | 21.9 | 23.6 | 31.7 |
| Confused or disoriented residents. | 90 | 78.9 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 1.8 | 4.6 | 4.7 |
| Residents receiving special skin care. | 6 | 5.3 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CONVALESCENT CENTER INC

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 3333 E 28TH ST | | TULSA OK 74114 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 56 | PROPRIETARY | 09/03/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 50 | 0 | 33 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 0 | 0.0 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 41 | 82.0 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 34 | 68.0 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 34 | 68.0 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 37 | 74.0 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 8 | 16.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 25 | 50.0 | 35.1 | 29.3 |
| Completely bedfast residents. | 6 | 12.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 24 | 48.0 | 42.6 | 39.1 |
| Residents requiring restraints. | 24 | 48.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 33 | 66.0 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 4.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 37 | 74.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DOCTORS HOSPITAL SNF

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 2323 SOUTH HARVARD | | TULSA OK 74114 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICARE SNF | 221 | PROPRIETARY | 04/12/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 9 | 9 | 0 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 7 | 77.8 | 86.8 | 81.5 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 9 | 100 | 89.7 | 83.2 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 8 | 88.9 | 88.4 | 73.8 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 7 | 77.8 | 89.7 | 77.2 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 4 | 44.4 | 72.0 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.0 | 4.6 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 1 | 11.1 | 49.9 | 37.7 |
| Completely bedfast residents. | 1 | 11.1 | 10.0 | 3.4 |
| Residents confined to chairs. | 1 | 11.1 | 47.0 | 50.8 |
| Residents requiring restraints. | 0 | 0.0 | 14.0 | 41.3 |
| Confused or disoriented residents. | 2 | 22.2 | 54.9 | 58.4 |
| Residents with bed sores. | 1 | 11.1 | 10.3 | 7.1 |
| Residents receiving special skin care. | 2 | 22.2 | 45.6 | 31.2 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 4.5 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 0 | 0.0 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 2 | 9.1 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 0 | 0.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 0 | 0.0 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 0 | 0.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 1 | 4.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 3 | 13.6 | 1665 | 17.6 |

SELECTED PERFORMANCE INDICATORS

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.5 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.1 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 15 | 68.2 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 1 | 4.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 0 | 0.0 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 1 | 4.5 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 0 | 0.0 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.1 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 1 | 4.5 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 1 | 4.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 6 | 27.3 | 4050 | 42.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

FOUR SEASONS NURSING CENTER OF TULSA

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 2425 S MEMORIAL DR | | TULSA OK 74129 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 118 | PROPRIETARY | 08/20/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 112 | 0 | 55 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 84 | 75.0 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 80 | 71.4 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 67 | 59.8 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 102 | 91.1 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 69 | 61.6 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 27 | 24.1 | 35.1 | 29.3 |
| Completely bedfast residents. | 1 | 0.9 | 4.2 | 3.6 |
| Residents confined to chairs. | 57 | 50.9 | 42.6 | 39.1 |
| Residents requiring restraints. | 30 | 26.8 | 23.6 | 31.7 |
| Confused or disoriented residents. | 49 | 43.8 | 63.1 | 55.8 |
| Residents with bed sores. | 10 | 8.9 | 4.6 | 4.7 |
| Residents receiving special skin care. | 4 | 3.6 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLCREST MEDICAL CENTER SNF

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1120 S UTICA AVE | | TULSA OK 74104 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICARE/MEDICAID SNF | 596 | NON-PROFIT OTHER | 02/18/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 18 | 17 | 0 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 10 | 55.6 | 86.8 | 81.5 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 17 | 94.4 | 89.7 | 83.2 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 17 | 94.4 | 88.4 | 73.8 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 17 | 94.4 | 89.7 | 77.2 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 15 | 83.3 | 72.0 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.0 | 4.6 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 8 | 44.4 | 49.9 | 37.7 |
| Completely bedfast residents. | 3 | 16.7 | 10.0 | 3.4 |
| Residents confined to chairs. | 13 | 72.2 | 47.0 | 50.8 |
| Residents requiring restraints. | 1 | 5.6 | 14.0 | 41.3 |
| Confused or disoriented residents. | 7 | 38.9 | 54.9 | 58.4 |
| Residents with bed sores. | 5 | 27.8 | 10.3 | 7.1 |
| Residents receiving special skin care. | 8 | 44.4 | 45.6 | 31.2 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 4.5 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 0 | 0.0 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 2 | 9.1 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 0 | 0.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 0 | 0.0 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 0 | 0.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 1 | 4.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 3 | 13.6 | 1665 | 17.6 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.5 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.1 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 15 | 68.2 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 1 | 4.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 0 | 0.0 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 1 | 4.5 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 0 | 0.0 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.1 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 1 | 4.5 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 1 | 4.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 6 | 27.3 | 4050 | 42.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOMESTEAD NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1021 CHARLES PAGE BLVD | | TULSA OK 74127 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 53 | NON-PROFIT PRIVATE | 08/04/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 46 | 0 | 32 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 41 | 89.1 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 46 | 100 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 26 | 56.5 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 26 | 56.5 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 25 | 54.3 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 16 | 34.8 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 13 | 28.3 | 42.6 | 39.1 |
| Residents requiring restraints. | 18 | 39.1 | 23.6 | 31.7 |
| Confused or disoriented residents. | 27 | 58.7 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 4.3 | 4.6 | 4.7 |
| Residents receiving special skin care. | 0 | 0.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEISURE VILLAGE NURSING CENTER

| | | | |
|-----------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 2154 SOUTH 85TH EAST AVENUE | | TULSA OK 74129 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 117 | PROPRIETARY | 09/24/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 116 | 0 | 74 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 81 | 69.8 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 90 | 77.6 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 65 | 56.0 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 95 | 81.9 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 46 | 39.7 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 4 | 3.4 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 60 | 51.7 | 35.1 | 29.3 |
| Completely bedfast residents. | 3 | 2.6 | 4.2 | 3.6 |
| Residents confined to chairs. | 29 | 25.0 | 42.6 | 39.1 |
| Residents requiring restraints. | 40 | 34.5 | 23.6 | 31.7 |
| Confused or disoriented residents. | 97 | 83.6 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 0.9 | 4.6 | 4.7 |
| Residents receiving special skin care. | 39 | 33.6 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OKLAHOMA METHODIST HOME FOR AGED

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 4134 E 31ST ST | | TULSA OK 74135 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 100 | NON-PROFIT RELIGIOUS | 02/23/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 82 | 0 | 11 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 80 | 97.6 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 79 | 96.3 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 62 | 75.6 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 62 | 75.6 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 65 | 79.3 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 39 | 47.6 | 35.1 | 29.3 |
| Completely bedfast residents. | 3 | 3.7 | 4.2 | 3.6 |
| Residents confined to chairs. | 30 | 36.6 | 42.6 | 39.1 |
| Residents requiring restraints. | 28 | 34.1 | 23.6 | 31.7 |
| Confused or disoriented residents. | 69 | 84.1 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 1.2 | 4.6 | 4.7 |
| Residents receiving special skin care. | 82 | 100 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | NOT MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE REGENCY PARK

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 3910 PARK ROAD | | TULSA OK 74115 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 105 | PROPRIETARY | 01/13/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 88 | 0 | 76 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 88 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 80 | 90.9 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 82 | 93.2 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 62 | 70.5 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 82 | 93.2 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 2.3 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 26 | 29.5 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 51 | 58.0 | 42.6 | 39.1 |
| Residents requiring restraints. | 36 | 40.9 | 23.6 | 31.7 |
| Confused or disoriented residents. | 76 | 86.4 | 63.1 | 55.8 |
| Residents with bed sores. | 7 | 8.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 32 | 36.4 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

REST HAVEN NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1944 NORTH IROQUOIS | | TULSA OK 74106 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 131 | PROPRIETARY | 03/18/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 116 | 0 | 111 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 88 | 75.9 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 88 | 75.9 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 59 | 50.9 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 73 | 62.9 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 56 | 48.3 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 1.7 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 41 | 35.3 | 35.1 | 29.3 |
| Completely bedfast residents. | 3 | 2.6 | 4.2 | 3.6 |
| Residents confined to chairs. | 43 | 37.1 | 42.6 | 39.1 |
| Residents requiring restraints. | 28 | 24.1 | 23.6 | 31.7 |
| Confused or disoriented residents. | 116 | 100 | 63.1 | 55.8 |
| Residents with bed sores. | 7 | 6.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 13 | 11.2 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHERWOOD MANOR NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 2415 W SKELLY DR | | TULSA OK 74107 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 102 | PROPRIETARY | 06/02/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 101 | 0 | 76 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 68 | 67.3 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 80 | 79.2 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 69 | 68.3 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 76 | 75.2 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 63 | 62.4 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 32 | 31.7 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 53 | 52.5 | 42.6 | 39.1 |
| Residents requiring restraints. | 41 | 40.6 | 23.6 | 31.7 |
| Confused or disoriented residents. | 56 | 55.4 | 63.1 | 55.8 |
| Residents with bed sores. | 3 | 3.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 23 | 22.8 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SKYLINE TERRACE NURSING CENTER

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 6202 E 61ST ST | | TULSA OK 74136 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICARE SNF | 209 | PROPRIETARY | 03/23/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 8 | 8 | 0 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 8 | 100 | 86.8 | 81.5 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 8 | 100 | 89.7 | 83.2 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 8 | 100 | 88.4 | 73.8 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 8 | 100 | 89.7 | 77.2 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 6 | 75.0 | 72.0 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.0 | 4.6 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 6 | 75.0 | 49.9 | 37.7 |
| Completely bedfast residents. | 2 | 25.0 | 10.0 | 3.4 |
| Residents confined to chairs. | 6 | 75.0 | 47.0 | 50.8 |
| Residents requiring restraints. | 2 | 25.0 | 14.0 | 41.3 |
| Confused or disoriented residents. | 5 | 62.5 | 54.9 | 58.4 |
| Residents with bed sores. | 2 | 25.0 | 10.3 | 7.1 |
| Residents receiving special skin care. | 4 | 50.0 | 45.6 | 31.2 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 4.5 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 0 | 0.0 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 2 | 9.1 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 0 | 0.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 0 | 0.0 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 0 | 0.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 1 | 4.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 3 | 13.6 | 1665 | 17.6 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 1 | 4.5 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 2 | 9.1 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 15 | 68.2 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 1 | 4.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 0 | 0.0 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 1 | 4.5 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 0 | 0.0 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.1 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 1 | 4.5 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 1 | 4.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 6 | 27.3 | 4050 | 42.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

SOUTHERN HILLS NURSING CTR INC

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 5170 SOUTH VANDALIA | | TULSA OK 74135 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 118 | PROPRIETARY | 08/04/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 104 | 0 | 15 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 65 | 62.5 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 83 | 79.8 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 94 | 90.4 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 76 | 73.1 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 60 | 57.7 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 46 | 44.2 | 35.1 | 29.3 |
| Completely bedfast residents. | 3 | 2.9 | 4.2 | 3.6 |
| Residents confined to chairs. | 63 | 60.6 | 42.6 | 39.1 |
| Residents requiring restraints. | 16 | 15.4 | 23.6 | 31.7 |
| Confused or disoriented residents. | 39 | 37.5 | 63.1 | 55.8 |
| Residents with bed sores. | 5 | 4.8 | 4.6 | 4.7 |
| Residents receiving special skin care. | 19 | 18.3 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST FRANCIS HOSPITAL

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 6161 S YALE | | TULSA OK 74136 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICARE SNF | 933 | NON-PROFIT RELIGIOUS | 10/29/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 20 | 20 | 0 | |

| | | | |
|--|-----------------|--------------|---------------|
| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | STATE | NATION |
| | # | % | % |

| | | | | |
|--|----|------|------|------|
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 17 | 85.0 | 86.8 | 81.5 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 19 | 95.0 | 89.7 | 83.2 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 19 | 95.0 | 88.4 | 73.8 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 18 | 90.0 | 89.7 | 77.2 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 18 | 90.0 | 72.0 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.0 | 4.6 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 11 | 55.0 | 49.9 | 37.7 |
| Completely bedfast residents. | 7 | 35.0 | 10.0 | 3.4 |
| Residents confined to chairs. | 9 | 45.0 | 47.0 | 50.8 |
| Residents requiring restraints. | 3 | 15.0 | 14.0 | 41.3 |
| Confused or disoriented residents. | 4 | 20.0 | 54.9 | 58.4 |
| Residents with bed sores. | 3 | 15.0 | 10.3 | 7.1 |
| Residents receiving special skin care. | 8 | 40.0 | 45.6 | 31.2 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 4.5 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 0 | 0.0 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 2 | 9.1 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 0 | 0.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 0 | 0.0 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 0 | 0.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 1 | 4.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 3 | 13.6 | 1665 | 17.6 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.5 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.1 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 15 | 68.2 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 1 | 4.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 0 | 0.0 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 1 | 4.5 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 0 | 0.0 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.1 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 1 | 4.5 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 1 | 4.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 6 | 27.3 | 4050 | 42.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

ST JOHN MEDICAL CENTER INC

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1923 S UTICA AVE | | TULSA OK 74104 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICARE SNF | 723 | NON-PROFIT RELIGIOUS | 07/22/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 18 | 16 | 0 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 17 | 94.4 | 86.8 | 81.5 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 17 | 94.4 | 89.7 | 83.2 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 17 | 94.4 | 88.4 | 73.8 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 17 | 94.4 | 89.7 | 77.2 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 8 | 44.4 | 72.0 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.0 | 4.6 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 3 | 16.7 | 49.9 | 37.7 |
| Completely bedfast residents. | 1 | 5.6 | 10.0 | 3.4 |
| Residents confined to chairs. | 17 | 94.4 | 47.0 | 50.8 |
| Residents requiring restraints. | 2 | 11.1 | 14.0 | 41.3 |
| Confused or disoriented residents. | 7 | 38.9 | 54.9 | 58.4 |
| Residents with bed sores. | 2 | 11.1 | 10.3 | 7.1 |
| Residents receiving special skin care. | 2 | 11.1 | 45.6 | 31.2 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 4.5 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 0 | 0.0 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 2 | 9.1 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 0 | 0.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 0 | 0.0 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 0 | 0.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 1 | 4.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 3 | 13.6 | 1665 | 17.6 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.5 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.1 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 15 | 68.2 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 1 | 4.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 0 | 0.0 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 1 | 4.5 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 0 | 0.0 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.1 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 1 | 4.5 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 1 | 4.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 6 | 27.3 | 4050 | 42.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TULSA CHRISTIAN HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 6201 EAST 36TH STREET | | TULSA OK 74135 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 100 | NON-PROFIT OTHER | 03/16/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 95 | 0 | 48 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 80 | 84.2 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 81 | 85.3 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 72 | 75.8 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 62 | 65.3 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 54 | 56.8 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 11 | 11.6 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 30 | 31.6 | 35.1 | 29.3 |
| Completely bedfast residents. | 8 | 8.4 | 4.2 | 3.6 |
| Residents confined to chairs. | 54 | 56.8 | 42.6 | 39.1 |
| Residents requiring restraints. | 28 | 29.5 | 23.6 | 31.7 |
| Confused or disoriented residents. | 56 | 58.9 | 63.1 | 55.8 |
| Residents with bed sores. | 3 | 3.2 | 4.6 | 4.7 |
| Residents receiving special skin care. | 10 | 10.5 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TULSA NURSING CENTER INC

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 10912 EAST 14TH STREET | | TULSA OK 74128 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 177 | PROPRIETARY | 04/13/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 162 | 0 | 104 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 152 | 93.8 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 101 | 62.3 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 93 | 57.4 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 93 | 57.4 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 93 | 57.4 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 11 | 6.8 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 32 | 19.8 | 35.1 | 29.3 |
| Completely bedfast residents. | 6 | 3.7 | 4.2 | 3.6 |
| Residents confined to chairs. | 53 | 32.7 | 42.6 | 39.1 |
| Residents requiring restraints. | 28 | 17.3 | 23.6 | 31.7 |
| Confused or disoriented residents. | 63 | 38.9 | 63.1 | 55.8 |
| Residents with bed sores. | 9 | 5.6 | 4.6 | 4.7 |
| Residents receiving special skin care. | 120 | 74.1 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TUTTLE CARE CENTER

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 108 S 12TH | | TUTTLE OK 73089 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 52 | PROPRIETARY | 03/16/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | | |
|--|----------------------------|----------------------------|--|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | |
| 36 | 0 | 21 | | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 22 | 61.1 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 30 | 83.3 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 24 | 66.7 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 25 | 69.4 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 26 | 72.2 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 15 | 41.7 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 22 | 61.1 | 42.6 | 39.1 |
| Residents requiring restraints. | 12 | 33.3 | 23.6 | 31.7 |
| Confused or disoriented residents. | 19 | 52.8 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 5.6 | 4.6 | 4.7 |
| Residents receiving special skin care. | 4 | 11.1 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VALLIANT CARE CENTER INC

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 600 NORTH DALTON | | VALLIANT OK 74764 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 65 | PROPRIETARY | 02/04/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 64 | 0 | 57 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 64 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 46 | 71.9 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 40 | 62.5 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 40 | 62.5 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 30 | 46.9 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 20 | 31.3 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 24 | 37.5 | 35.1 | 29.3 |
| Completely bedfast residents. | 3 | 4.7 | 4.2 | 3.6 |
| Residents confined to chairs. | 21 | 32.8 | 42.6 | 39.1 |
| Residents requiring restraints. | 1 | 1.6 | 23.6 | 31.7 |
| Confused or disoriented residents. | 32 | 50.0 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 3.1 | 4.6 | 4.7 |
| Residents receiving special skin care. | 18 | 28.1 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VIAN NURSING HOME INC

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| THORNTON ST | | VIAN OK 74962 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 119 | PROPRIETARY | 05/18/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | | |
|--|----------------------------|----------------------------|--|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | |
| 114 | 0 | 102 | | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 76 | 66.7 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 100 | 87.7 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 90 | 78.9 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 96 | 84.2 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 90 | 78.9 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 5 | 4.4 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 31 | 27.2 | 35.1 | 29.3 |
| Completely bedfast residents. | 21 | 18.4 | 4.2 | 3.6 |
| Residents confined to chairs. | 56 | 49.1 | 42.6 | 39.1 |
| Residents requiring restraints. | 31 | 27.2 | 23.6 | 31.7 |
| Confused or disoriented residents. | 38 | 33.3 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 1.8 | 4.6 | 4.7 |
| Residents receiving special skin care. | 4 | 3.5 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TOWN OF VICI NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 619 SPECK | | VICI OK 73859 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 61 | NON-PROFIT OTHER | 07/30/87 |

SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | | |
|---|---------------------|---------------------|-------|--------|--|
| 60 | 0 | 20 | | | |
| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION | |
| | # | % | % | % | |
| Bathing | | | | | |
| Residents requiring some or total assistance in bathing. | 57 | 95.0 | 84.1 | 78.3 | |
| Dressing | | | | | |
| Residents requiring some or total assistance in dressing. | 53 | 88.3 | 81.9 | 76.7 | |
| Toileting | | | | | |
| Residents requiring some or total assistance in toileting. | 45 | 75.0 | 68.9 | 63.4 | |
| Transferring | | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 54 | 90.0 | 70.7 | 66.0 | |
| Continence | | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 49 | 81.7 | 64.8 | 59.1 | |
| | | | | | |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 | |
| Eating | | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 24 | 40.0 | 35.1 | 29.3 | |
| | | | | | |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 | |
| | | | | | |
| Residents confined to chairs. | 52 | 86.7 | 42.6 | 39.1 | |
| | | | | | |
| Residents requiring restraints. | 0 | 0.0 | 23.6 | 31.7 | |
| | | | | | |
| Confused or disoriented residents. | 24 | 40.0 | 63.1 | 55.8 | |
| | | | | | |
| Residents with bed sores. | 6 | 10.0 | 4.6 | 4.7 | |
| | | | | | |
| Residents receiving special skin care. | 6 | 10.0 | 27.3 | 24.0 | |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AUTUMN NURSING CENTER INC 2

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1200 WEST CANADIAN | | VINITA OK 74301 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 133 | PROPRIETARY | 12/22/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | | |
|--|----------------------------|----------------------------|--|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | |
| 86 | 0 | 60 | | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 82 | 95.3 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 82 | 95.3 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 81 | 94.2 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 79 | 91.9 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 70 | 81.4 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 45 | 52.3 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 17 | 19.8 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 53 | 61.6 | 42.6 | 39.1 |
| Residents requiring restraints. | 38 | 44.2 | 23.6 | 31.7 |
| Confused or disoriented residents. | 73 | 84.9 | 63.1 | 55.8 |
| Residents with bed sores. | 10 | 11.6 | 4.6 | 4.7 |
| Residents receiving special skin care. | 32 | 37.2 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AUTUMN NURSING CTR INC 1

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 240 NORTH SCRAPER | | VINITA OK 74301 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 62 | PROPRIETARY | 11/12/87 |

SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | | Medicare Residents: | | Medicaid Residents: | |
|--|--|----------------------------|------|----------------------------|--------|
| 54 | | 0 | | 40 | |
| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | | FACILITY | | STATE | NATION |
| | | # | % | % | % |
| Bathing | | | | | |
| Residents requiring some or total assistance in bathing. | | 54 | 100 | 84.1 | 78.3 |
| Dressing | | | | | |
| Residents requiring some or total assistance in dressing. | | 54 | 100 | 81.9 | 76.7 |
| Toileting | | | | | |
| Residents requiring some or total assistance in toileting. | | 38 | 70.4 | 68.9 | 63.4 |
| Transferring | | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | | 38 | 70.4 | 70.7 | 66.0 |
| Continence | | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | | 39 | 72.2 | 64.8 | 59.1 |
| | | | | | |
| Residents on individually written bowel and bladder retraining program. | | 2 | 3.7 | 7.1 | 6.1 |
| Eating | | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | | 8 | 14.8 | 35.1 | 29.3 |
| | | | | | |
| Completely bedfast residents. | | 0 | 0.0 | 4.2 | 3.6 |
| | | | | | |
| Residents confined to chairs. | | 21 | 38.9 | 42.6 | 39.1 |
| | | | | | |
| Residents requiring restraints. | | 0 | 0.0 | 23.6 | 31.7 |
| | | | | | |
| Confused or disoriented residents. | | 30 | 55.6 | 63.1 | 55.8 |
| | | | | | |
| Residents with bed sores. | | 4 | 7.4 | 4.6 | 4.7 |
| | | | | | |
| Residents receiving special skin care. | | 46 | 85.2 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

ROSS NH NO 1 INC

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 205 N LINCOLN AVE | | WAGONER OK 74467 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 87 | PROPRIETARY | 05/03/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 84 | 0 | 60 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 84 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 79 | 94.0 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 68 | 81.0 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 68 | 81.0 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 78 | 92.9 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 84 | 100 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 68 | 81.0 | 35.1 | 29.3 |
| Completely bedfast residents. | 2 | 2.4 | 4.2 | 3.6 |
| Residents confined to chairs. | 30 | 35.7 | 42.6 | 39.1 |
| Residents requiring restraints. | 13 | 15.5 | 23.6 | 31.7 |
| Confused or disoriented residents. | 80 | 95.2 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 2.4 | 4.6 | 4.7 |
| Residents receiving special skin care. | 84 | 100 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
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| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
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| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

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| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

ROSS NURSING HOME 2 INC

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 109 SOUTH HARRILL | | WAGONER OK 74467 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 54 | PROPRIETARY | 01/05/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 49 | 0 | 34 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 33 | 67.3 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 35 | 71.4 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 29 | 59.2 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 38 | 77.6 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 33 | 67.3 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 16 | 32.7 | 35.1 | 29.3 |
| Completely bedfast residents. | 1 | 2.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 29 | 59.2 | 42.6 | 39.1 |
| Residents requiring restraints. | 10 | 20.4 | 23.6 | 31.7 |
| Confused or disoriented residents. | 49 | 100 | 63.1 | 55.8 |
| Residents with bed sores. | 4 | 8.2 | 4.6 | 4.7 |
| Residents receiving special skin care. | 21 | 42.9 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COMMUNITY HEALTH CENTER NH OF GRANT CO

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 500 CHEROKEE STREET | | WAKITA OK 73771 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 47 | NON-PROFIT OTHER | 03/29/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 41 | 0 | 12 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 30 | 73.2 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 30 | 73.2 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 30 | 73.2 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 30 | 73.2 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 30 | 73.2 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 20 | 48.8 | 35.1 | 29.3 |
| Completely bedfast residents. | 10 | 24.4 | 4.2 | 3.6 |
| Residents confined to chairs. | 15 | 36.6 | 42.6 | 39.1 |
| Residents requiring restraints. | 0 | 0.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 27 | 65.9 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 4.9 | 4.6 | 4.7 |
| Residents receiving special skin care. | 5 | 12.2 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARKVIEW MANOR

| | | | |
|-----------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 600 EAST CALIFORNIA BOX 246 | | WALTER OK 73572 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 54 | PROPRIETARY | 12/29/87 |

SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | | |
|--|---------------------|---------------------|------|-------|--------|
| 44 | 0 | 25 | | | |
| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | | FACILITY | | STATE | NATION |
| | | # | % | % | % |
| Bathing | | | | | |
| Residents requiring some or total assistance in bathing. | | 44 | 100 | 84.1 | 78.3 |
| Dressing | | | | | |
| Residents requiring some or total assistance in dressing. | | 44 | 100 | 81.9 | 76.7 |
| Toileting | | | | | |
| Residents requiring some or total assistance in toileting. | | 44 | 100 | 68.9 | 63.4 |
| Transferring | | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | | 44 | 100 | 70.7 | 66.0 |
| Continence | | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | | 33 | 75.0 | 64.8 | 59.1 |
| | | | | | |
| Residents on individually written bowel and bladder retraining program. | | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | | 13 | 29.5 | 35.1 | 29.3 |
| | | | | | |
| Completely bedfast residents. | | 0 | 0.0 | 4.2 | 3.6 |
| | | | | | |
| Residents confined to chairs. | | 24 | 54.5 | 42.6 | 39.1 |
| | | | | | |
| Residents requiring restraints. | | 19 | 43.2 | 23.6 | 31.7 |
| | | | | | |
| Confused or disoriented residents. | | 44 | 100 | 63.1 | 55.8 |
| | | | | | |
| Residents with bed sores. | | 1 | 2.3 | 4.6 | 4.7 |
| | | | | | |
| Residents receiving special skin care. | | 1 | 2.3 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COUNTRYSIDE ESTATES INC

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| BOX 629 HWY 64 EAST | | WARNER OK 74469 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 111 | PROPRIETARY | 07/15/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 79 | 0 | 60 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 70 | 88.6 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 74 | 93.7 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 75 | 94.9 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 70 | 88.6 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 60 | 75.9 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.3 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 38 | 48.1 | 35.1 | 29.3 |
| Completely bedfast residents. | 7 | 8.9 | 4.2 | 3.6 |
| Residents confined to chairs. | 50 | 63.3 | 42.6 | 39.1 |
| Residents requiring restraints. | 50 | 63.3 | 23.6 | 31.7 |
| Confused or disoriented residents. | 65 | 82.3 | 63.1 | 55.8 |
| Residents with bed sores. | 5 | 6.3 | 4.6 | 4.7 |
| Residents receiving special skin care. | 4 | 5.1 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNSET ESTATES OF WATONGA

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 816 N NASH BOULEVARD | | WATONGA OK 73772 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 75 | PROPRIETARY | 12/01/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 55 | 0 | 32 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 34 | 61.8 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 31 | 56.4 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 34 | 61.8 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 28 | 50.9 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 26 | 47.3 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 11 | 20.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 10 | 18.2 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 26 | 47.3 | 42.6 | 39.1 |
| Residents requiring restraints. | 13 | 23.6 | 23.6 | 31.7 |
| Confused or disoriented residents. | 33 | 60.0 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 3.6 | 4.6 | 4.7 |
| Residents receiving special skin care. | 13 | 23.6 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WOOD NURSING AND CONVALESCENT CTR

| | | | |
|---|-------------------------|--|---------------------------------|
| Street Address: 1100 N ASH ST | | City and State: WAURIKA OK 73573 | |
| Participation: MEDICAID ICF | # of Beds: 83 | Type of Ownership: PROPRIETARY | Survey Date: 05/26/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|---------------------------------|----------------------------------|
| Total Residents on Day of Survey: 46 | Medicare Residents: 0 | Medicaid Residents: 34 |
|--|---------------------------------|----------------------------------|

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 34 | 73.9 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 38 | 82.6 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 27 | 58.7 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 34 | 73.9 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 20 | 43.5 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 5 | 10.9 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 10 | 21.7 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 5 | 10.9 | 42.6 | 39.1 |
| Residents requiring restraints. | 3 | 6.5 | 23.6 | 31.7 |
| Confused or disoriented residents. | 35 | 76.1 | 63.1 | 55.8 |
| Residents with bed sores. | 3 | 6.5 | 4.6 | 4.7 |
| Residents receiving special skin care. | 9 | 19.6 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WAYNOKA NH

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| ROUTE 1 | | WAYNOKA OK 73860 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 40 | PROPRIETARY | 10/20/87 |

SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | | Medicare Residents: | | Medicaid Residents: | |
|--|--|----------------------------|------|----------------------------|--------|
| 26 | | 0 | | 14 | |
| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | | FACILITY | | STATE | NATION |
| | | # | % | % | % |
| Bathing | | | | | |
| Residents requiring some or total assistance in bathing. | | 8 | 30.8 | 84.1 | 78.3 |
| Dressing | | | | | |
| Residents requiring some or total assistance in dressing. | | 16 | 61.5 | 81.9 | 76.7 |
| Toileting | | | | | |
| Residents requiring some or total assistance in toileting. | | 17 | 65.4 | 68.9 | 63.4 |
| Transferring | | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | | 15 | 57.7 | 70.7 | 66.0 |
| Continence | | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | | 17 | 65.4 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | | 3 | 11.5 | 7.1 | 6.1 |
| Eating | | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | | 7 | 26.9 | 35.1 | 29.3 |
| Completely bedfast residents. | | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | | 8 | 30.8 | 42.6 | 39.1 |
| Residents requiring restraints. | | 3 | 11.5 | 23.6 | 31.7 |
| Confused or disoriented residents. | | 14 | 53.8 | 63.1 | 55.8 |
| Residents with bed sores. | | 0 | 0.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | | 7 | 26.9 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LITTLE BIRD NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 801 NORTH WASHINGTON | | WEATHERFORD OK 73096 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 81 | NON-PROFIT PRIVATE | 06/18/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | | |
|--|----------------------------|----------------------------|--|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | |
| 70 | 0 | 30 | | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 68 | 97.1 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 70 | 100 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 63 | 90.0 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 55 | 78.6 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 68 | 97.1 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 45 | 64.3 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 46 | 65.7 | 42.6 | 39.1 |
| Residents requiring restraints. | 0 | 0.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 70 | 100 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 2.9 | 4.6 | 4.7 |
| Residents receiving special skin care. | 28 | 40.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WEATHERFORD NURSING CENTER

| | | | |
|---------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1001 NORTH SEVENTH STREET | | WEATHERFORD OK 73096 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 52 | PROPRIETARY | 03/28/88 |

SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | | Medicare Residents: | | Medicaid Residents: | |
|--|--|----------------------------|------|----------------------------|--------|
| 41 | | 0 | | 40 | |
| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | | FACILITY | | STATE | NATION |
| | | # | % | % | % |
| Bathing | | | | | |
| Residents requiring some or total assistance in bathing. | | 23 | 56.1 | 84.1 | 78.3 |
| Dressing | | | | | |
| Residents requiring some or total assistance in dressing. | | 37 | 90.2 | 81.9 | 76.7 |
| Toileting | | | | | |
| Residents requiring some or total assistance in toileting. | | 23 | 56.1 | 68.9 | 63.4 |
| Transferring | | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | | 22 | 53.7 | 70.7 | 66.0 |
| Continence | | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | | 32 | 78.0 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | | 15 | 36.6 | 35.1 | 29.3 |
| Completely bedfast residents. | | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | | 21 | 51.2 | 42.6 | 39.1 |
| Residents requiring restraints. | | 0 | 0.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | | 39 | 95.1 | 63.1 | 55.8 |
| Residents with bed sores. | | 1 | 2.4 | 4.6 | 4.7 |
| Residents receiving special skin care. | | 3 | 7.3 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

ADKINS NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 300 W 9TH ST | | WELEETKA OK 74880 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 60 | PROPRIETARY | 11/23/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 56 | 0 | 41 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 40 | 71.4 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 42 | 75.0 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 29 | 51.8 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 41 | 73.2 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 26 | 46.4 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 12 | 21.4 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 10 | 17.9 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 11 | 19.6 | 42.6 | 39.1 |
| Residents requiring restraints. | 3 | 5.4 | 23.6 | 31.7 |
| Confused or disoriented residents. | 38 | 67.9 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 1.8 | 4.6 | 4.7 |
| Residents receiving special skin care. | 11 | 19.6 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE QUAIL RIDGE LIVING CENTER INC

| | | | |
|-------------------------------|-------------------|------------------------------|---------------------|
| Street Address: | | City and State: | |
| STATE LINE ROAD AND JEFFERSON | | WEST SILOAM SPRINGS OK 74346 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 100 | PROPRIETARY | 03/23/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | | | |
|--|----------------------------|----------------------------|----------|--------------|---------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | | |
| 84 | 0 | 51 | | | |
| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | | FACILITY | | STATE | NATION |
| | | # | % | % | % |
| Bathing | | | | | |
| Residents requiring some or total assistance in bathing. | | 46 | 54.8 | 84.1 | 78.3 |
| Dressing | | | | | |
| Residents requiring some or total assistance in dressing. | | 55 | 65.5 | 81.9 | 76.7 |
| Toileting | | | | | |
| Residents requiring some or total assistance in toileting. | | 40 | 47.6 | 68.9 | 63.4 |
| Transferring | | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | | 40 | 47.6 | 70.7 | 66.0 |
| Continence | | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | | 42 | 50.0 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | | 4 | 4.8 | 7.1 | 6.1 |
| Eating | | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | | 25 | 29.8 | 35.1 | 29.3 |
| Completely bedfast residents. | | 1 | 1.2 | 4.2 | 3.6 |
| Residents confined to chairs. | | 31 | 36.9 | 42.6 | 39.1 |
| Residents requiring restraints. | | 18 | 21.4 | 23.6 | 31.7 |
| Confused or disoriented residents. | | 30 | 35.7 | 63.1 | 55.8 |
| Residents with bed sores. | | 10 | 11.9 | 4.6 | 4.7 |
| Residents receiving special skin care. | | 16 | 19.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | NOT MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESTVILLE NURSING HOME-ICF

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 308 WILLIAMS STREET | | WESTVILLE OK 74965 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 79 | PROPRIETARY | 06/25/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 66 | 0 | 56 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 64 | 97.0 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 54 | 81.8 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 50 | 75.8 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 42 | 63.6 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 52 | 78.8 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 22 | 33.3 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 29 | 43.9 | 42.6 | 39.1 |
| Residents requiring restraints. | 19 | 28.8 | 23.6 | 31.7 |
| Confused or disoriented residents. | 34 | 51.5 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 3.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 66 | 100 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WETUMKA NH

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 700 N MAIN | | WETUMKA OK 74883 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 50 | PROPRIETARY | 02/11/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 39 | 0 | 35 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 36 | 92.3 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 29 | 74.4 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 19 | 48.7 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 24 | 61.5 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 13 | 33.3 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 13 | 33.3 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 9 | 23.1 | 35.1 | 29.3 |
| Completely bedfast residents. | 7 | 17.9 | 4.2 | 3.6 |
| Residents confined to chairs. | 17 | 43.6 | 42.6 | 39.1 |
| Residents requiring restraints. | 11 | 28.2 | 23.6 | 31.7 |
| Confused or disoriented residents. | 20 | 51.3 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 2.6 | 4.6 | 4.7 |
| Residents receiving special skin care. | 3 | 7.7 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ELMWOOD MANOR INC

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 300 SOUTH SEMINOLE | | WEWOKA OK 74884 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 47 | PROPRIETARY | 11/02/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 30 | 0 | 20 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 29 | 96.7 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 27 | 90.0 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 16 | 53.3 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 24 | 80.0 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 16 | 53.3 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 9 | 30.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 7 | 23.3 | 35.1 | 29.3 |
| Completely bedfast residents. | 2 | 6.7 | 4.2 | 3.6 |
| Residents confined to chairs. | 3 | 10.0 | 42.6 | 39.1 |
| Residents requiring restraints. | 6 | 20.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 29 | 96.7 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 3.3 | 4.6 | 4.7 |
| Residents receiving special skin care. | 3 | 10.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WEWOKA NH INC

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 200 EAST 4TH STREET | | WEWOKA OK 74884 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 57 | PROPRIETARY | 08/11/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | | |
|--|----------------------------|----------------------------|--|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | |
| 53 | 0 | 35 | | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 53 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 37 | 69.8 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 47 | 88.7 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 47 | 88.7 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 35 | 66.0 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 5 | 9.4 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 32 | 60.4 | 35.1 | 29.3 |
| Completely bedfast residents. | 14 | 26.4 | 4.2 | 3.6 |
| Residents confined to chairs. | 18 | 34.0 | 42.6 | 39.1 |
| Residents requiring restraints. | 4 | 7.5 | 23.6 | 31.7 |
| Confused or disoriented residents. | 24 | 45.3 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 3.8 | 4.6 | 4.7 |
| Residents receiving special skin care. | 2 | 3.8 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LATIMER NURSING HOME ICF

| | | | |
|----------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 103 SOUTHWEST NINTH STREET | | WILBURTON OK 74578 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 48 | PROPRIETARY | 07/22/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 45 | 0 | 30 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 45 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 42 | 93.3 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 38 | 84.4 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 45 | 100 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 39 | 86.7 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 19 | 42.2 | 35.1 | 29.3 |
| Completely bedfast residents. | 9 | 20.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 20 | 44.4 | 42.6 | 39.1 |
| Residents requiring restraints. | 11 | 24.4 | 23.6 | 31.7 |
| Confused or disoriented residents. | 32 | 71.1 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 2.2 | 4.6 | 4.7 |
| Residents receiving special skin care. | 18 | 40.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RANCHWOOD LODGE HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 900 W RANCHWOOD DR | | WILBURTON OK 74578 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 55 | PROPRIETARY | 11/23/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | | |
|--|----------------------------|----------------------------|--|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | |
| 44 | 0 | 32 | | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 42 | 95.5 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 33 | 75.0 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 24 | 54.5 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 23 | 52.3 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 28 | 63.6 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 2.3 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 18 | 40.9 | 35.1 | 29.3 |
| Completely bedfast residents. | 3 | 6.8 | 4.2 | 3.6 |
| Residents confined to chairs. | 10 | 22.7 | 42.6 | 39.1 |
| Residents requiring restraints. | 13 | 29.5 | 23.6 | 31.7 |
| Confused or disoriented residents. | 20 | 45.5 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 2.3 | 4.6 | 4.7 |
| Residents receiving special skin care. | 8 | 18.2 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WILBURTON CARE CENTER

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 200 NE 1ST ST | | WILBURTON OK 74578 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 36 | PROPRIETARY | 11/17/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 32 | 0 | 23 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 30 | 93.8 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 30 | 93.8 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 25 | 78.1 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 27 | 84.4 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 25 | 78.1 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 5 | 15.6 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 7 | 21.9 | 35.1 | 29.3 |
| Completely bedfast residents. | 1 | 3.1 | 4.2 | 3.6 |
| Residents confined to chairs. | 8 | 25.0 | 42.6 | 39.1 |
| Residents requiring restraints. | 6 | 18.8 | 23.6 | 31.7 |
| Confused or disoriented residents. | 32 | 100 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 3.1 | 4.6 | 4.7 |
| Residents receiving special skin care. | 32 | 100 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WILSON NURSING HOME

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 406 E MAIN | | WILSON OK 73463 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 60 | PROPRIETARY | 01/28/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 50 | 0 | 44 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 50 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 41 | 82.0 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 27 | 54.0 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 50 | 100 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 28 | 56.0 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 17 | 34.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 13 | 26.0 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 25 | 50.0 | 42.6 | 39.1 |
| Residents requiring restraints. | 10 | 20.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 31 | 62.0 | 63.1 | 55.8 |
| Residents with bed sores. | 4 | 8.0 | 4.6 | 4.7 |
| Residents receiving special skin care. | 7 | 14.0 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLONIAL MANOR NH

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 2608 REARDON RD | | WOODWARD OK 73801 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 70 | PROPRIETARY | 12/01/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 57 | 0 | 23 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 57 | 100 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 52 | 91.2 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 45 | 78.9 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 43 | 75.4 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 57 | 100 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 38 | 66.7 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 16 | 28.1 | 42.6 | 39.1 |
| Residents requiring restraints. | 0 | 0.0 | 23.6 | 31.7 |
| Confused or disoriented residents. | 57 | 100 | 63.1 | 55.8 |
| Residents with bed sores. | 2 | 3.5 | 4.6 | 4.7 |
| Residents receiving special skin care. | 57 | 100 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WOODWARD NURSING CENTER

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 429 E DOWNS | | WOODWARD OK 73801 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 80 | PROPRIETARY | 12/02/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 70 | 0 | 38 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 67 | 95.7 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 53 | 75.7 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 36 | 51.4 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 30 | 42.9 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 28 | 40.0 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.4 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 10 | 14.3 | 35.1 | 29.3 |
| Completely bedfast residents. | 0 | 0.0 | 4.2 | 3.6 |
| Residents confined to chairs. | 31 | 44.3 | 42.6 | 39.1 |
| Residents requiring restraints. | 9 | 12.9 | 23.6 | 31.7 |
| Confused or disoriented residents. | 28 | 40.0 | 63.1 | 55.8 |
| Residents with bed sores. | 4 | 5.7 | 4.6 | 4.7 |
| Residents receiving special skin care. | 5 | 7.1 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLONIAL CONVALESCENT HOME INC

| | | | |
|--|-------------------------|--|---------------------------------|
| Street Address: 810 E CALIFORNIA | | City and State: WYNNEWOOD OK 73098 | |
| Participation: MEDICAID ICF | # of Beds: 79 | Type of Ownership: PROPRIETARY | Survey Date: 10/22/87 |

SELECTED RESIDENT CHARACTERISTICS

| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | | |
|---|---------------------|---------------------|-------|--------|--|
| 67 | 0 | 44 | | | |
| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION | |
| | # | % | % | % | |
| Bathing | | | | | |
| Residents requiring some or total assistance in bathing. | 40 | 59.7 | 84.1 | 78.3 | |
| Dressing | | | | | |
| Residents requiring some or total assistance in dressing. | 52 | 77.6 | 81.9 | 76.7 | |
| Toileting | | | | | |
| Residents requiring some or total assistance in toileting. | 45 | 67.2 | 68.9 | 63.4 | |
| Transferring | | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 45 | 67.2 | 70.7 | 66.0 | |
| Continence | | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 60 | 89.6 | 64.8 | 59.1 | |
| | | | | | |
| Residents on individually written bowel and bladder retraining program. | 50 | 74.6 | 7.1 | 6.1 | |
| Eating | | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 24 | 35.8 | 35.1 | 29.3 | |
| | | | | | |
| Completely bedfast residents. | 1 | 1.5 | 4.2 | 3.6 | |
| | | | | | |
| Residents confined to chairs. | 36 | 53.7 | 42.6 | 39.1 | |
| | | | | | |
| Residents requiring restraints. | 29 | 43.3 | 23.6 | 31.7 | |
| | | | | | |
| Confused or disoriented residents. | 40 | 59.7 | 63.1 | 55.8 | |
| | | | | | |
| Residents with bed sores. | 1 | 1.5 | 4.6 | 4.7 | |
| | | | | | |
| Residents receiving special skin care. | 19 | 28.4 | 27.3 | 24.0 | |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

YALE NH

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| E CHICAGO AND H STS | | YALE OK 74085 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 50 | PROPRIETARY | 05/04/88 |

SELECTED RESIDENT CHARACTERISTICS

| | | | |
|--|----------------------------|----------------------------|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | |
| 44 | 0 | 32 | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 43 | 97.7 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 43 | 97.7 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 33 | 75.0 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 38 | 86.4 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 33 | 75.0 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 7 | 15.9 | 35.1 | 29.3 |
| Completely bedfast residents. | 3 | 6.8 | 4.2 | 3.6 |
| Residents confined to chairs. | 21 | 47.7 | 42.6 | 39.1 |
| Residents requiring restraints. | 19 | 43.2 | 23.6 | 31.7 |
| Confused or disoriented residents. | 25 | 56.8 | 63.1 | 55.8 |
| Residents with bed sores. | 1 | 2.3 | 4.6 | 4.7 |
| Residents receiving special skin care. | 5 | 11.4 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
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| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

| Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SPANISH COVE

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1401 SOUTH CORNWELL | | YOUKON OK 73099 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICARE SNF | 29 | NON-PROFIT OTHER | 11/12/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | |
|--|----------------------------|----------------------------|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: |
| 28 | 0 | 0 |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 28 | 100 | 86.8 | 81.5 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 28 | 100 | 89.7 | 83.2 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 27 | 96.4 | 88.4 | 73.8 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 26 | 92.9 | 89.7 | 77.2 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 22 | 78.6 | 72.0 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 6 | 21.4 | 4.0 | 4.6 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 22 | 78.6 | 49.9 | 37.7 |
| Completely bedfast residents. | 3 | 10.7 | 10.0 | 3.4 |
| Residents confined to chairs. | 18 | 64.3 | 47.0 | 50.8 |
| Residents requiring restraints. | 4 | 14.3 | 14.0 | 41.3 |
| Confused or disoriented residents. | 22 | 78.6 | 54.9 | 58.4 |
| Residents with bed sores. | 2 | 7.1 | 10.3 | 7.1 |
| Residents receiving special skin care. | 6 | 21.4 | 45.6 | 31.2 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 4.5 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 0 | 0.0 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 2 | 9.1 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 0 | 0.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 0 | 0.0 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 0 | 0.0 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 1 | 4.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 0 | 0.0 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 3 | 13.6 | 1665 | 17.6 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 4.5 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 2 | 9.1 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 1 | 4.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 15 | 68.2 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 1 | 4.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 0 | 0.0 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 1 | 4.5 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 0 | 0.0 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 2 | 9.1 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 1 | 4.5 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 0 | 0.0 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 1 | 4.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 0 | 0.0 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 6 | 27.3 | 4050 | 42.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE YUKON CONVALESCENT CENTER

| | | | |
|------------------------|-------------------|---------------------------|---------------------|
| Street Address: | | City and State: | |
| 1110 CORNWELL | | YUKON OK 73099 | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |
| MEDICAID ICF | 69 | PROPRIETARY | 11/24/87 |

SELECTED RESIDENT CHARACTERISTICS

| | | | | |
|--|----------------------------|----------------------------|--|--|
| Total Residents on Day of Survey: | Medicare Residents: | Medicaid Residents: | | |
| 59 | 0 | 36 | | |

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|--|----------|------|-------|--------|
| | # | % | % | % |
| Bathing | | | | |
| Residents requiring some or total assistance in bathing. | 56 | 94.9 | 84.1 | 78.3 |
| Dressing | | | | |
| Residents requiring some or total assistance in dressing. | 39 | 66.1 | 81.9 | 76.7 |
| Toileting | | | | |
| Residents requiring some or total assistance in toileting. | 31 | 52.5 | 68.9 | 63.4 |
| Transferring | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 31 | 52.5 | 70.7 | 66.0 |
| Continence | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 30 | 50.8 | 64.8 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 4 | 6.8 | 7.1 | 6.1 |
| Eating | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 15 | 25.4 | 35.1 | 29.3 |
| Completely bedfast residents. | 4 | 6.8 | 4.2 | 3.6 |
| Residents confined to chairs. | 29 | 49.2 | 42.6 | 39.1 |
| Residents requiring restraints. | 17 | 28.8 | 23.6 | 31.7 |
| Confused or disoriented residents. | 31 | 52.5 | 63.1 | 55.8 |
| Residents with bed sores. | 4 | 6.8 | 4.6 | 4.7 |
| Residents receiving special skin care. | 21 | 35.6 | 27.3 | 24.0 |

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 0 | 0.0 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 1 | 0.3 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 0 | 0.0 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 7 | 1.9 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 36 | 9.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 0 | 0.0 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 14 | 3.8 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 49 | 13.2 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 46 | 12.4 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 31 | 8.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 152 | 41.0 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 111 | 29.9 | 700 | 12.8 |

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

| | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|--|--------------------------------|--|------|--------|------|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 22 | 5.9 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 67 | 18.1 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 20 | 5.4 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 164 | 44.2 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 26 | 7.0 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 4 | 1.1 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 6 | 1.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 12 | 3.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 2.4 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 74 | 19.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 85 | 22.9 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 25 | 6.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 114 | 30.7 | 2452 | 44.8 |

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

[illegible]

HIGHSMITH 45-220

REF.
HD 7102 .U5N76 1987/88
Oklahoma II

Medicare/Medicaid nursing home information.

HD 7102 .U5N76 1987/88
Oklahoma II

Medicare/Medicaid nursing home information.

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